
The Problem: Substance Abuse Prevalence & Trends

PREVALENCE



Adolescent
Substance
Use and Beliefs

Adult
Substance
Use

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Washington's Healthy Youth Survey

In Washington State, multiple state agencies have been conducting surveys of youth health behavior since 1988. The surveys have been based on two different national surveys: Monitoring the Future supported by the National Institute on Drug Abuse; and the federal Centers for Disease Control and Prevention's Youth Risk Behavior Survey. In 1995, a Communities That Care survey, developed by the University of Washington, became an important component of the survey effort, integrating risk and protective factors. More recently, a Youth Tobacco Survey was incorporated.

To better coordinate these survey efforts, and to prevent the need for survey data from becoming an undue burden on schools, interested state agencies – Office of Superintendent of Public Instruction; Department of Social and Health Services' Division of Alcohol and Substance Abuse; Department of Health's Tobacco Control Program and Maternal and Child Health Program; Department of Community, Trade & Economic Development, Community Mobilization; and the Family Policy Council – resolved to cooperate on the administration of a single survey of youth behaviors every two years, to be administered in the fall.

The goals of this collaborative effort are:

- To describe youth health behavior, habits, risks, and outcomes; and
- To describe school, community, family, and peer/individual risk and protective factors.

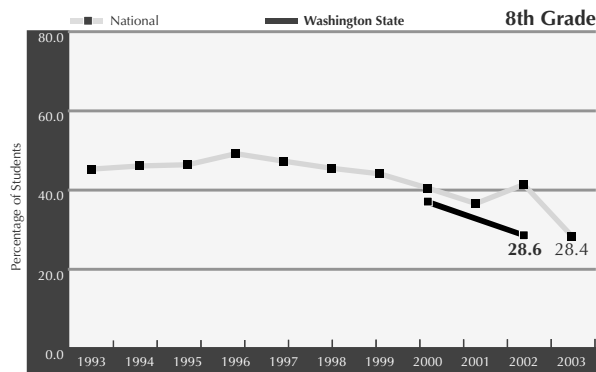
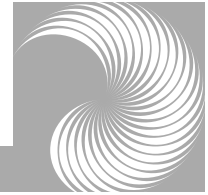
To achieve these goals, it was agreed that the survey must:

- Gather state-level data in a consistent manner (with predictable timing and using comparable measures over time); and
- Support local-level data collection and use for planning, assessment, and evaluation of programs to serve youth.

The data represented on the following pages are from the Healthy Youth Survey, which represents the result of these collaborative efforts. Complete data from the Healthy Youth Survey are available on-line at the Washington State Department of Health's website: www3.doh.wa.gov/HYS/default.htm.

The Prevention Standing Committee of the Governor's Council on Substance Abuse has set a series of state targets for prevention efforts. These targets are continually revised as progress is made in improving the effectiveness of prevention strategies.

The Percentage of Students, Both in Washington and Nationally, Who Have Ever Smoked a Cigarette is Declining.*

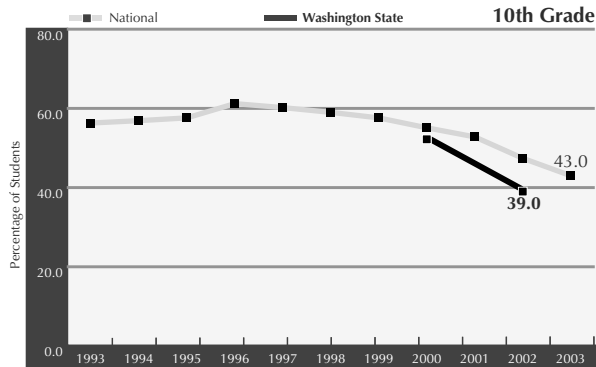


Tobacco use is the leading cause of preventable illness and death in the United States.¹ A 1996 federal Centers for Disease Control and Prevention Study suggests that 33% of young smokers will eventually die as a result of tobacco use, if current use patterns continue.²

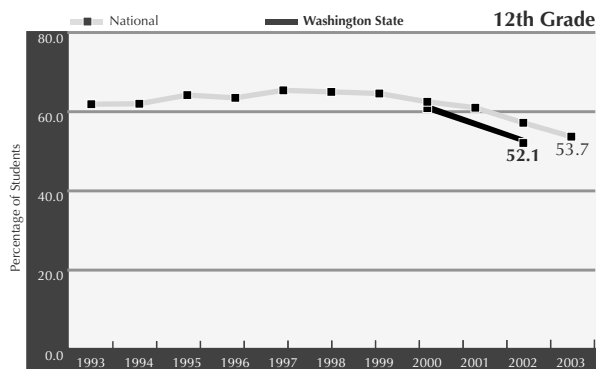
These graphs indicate that experimentation with tobacco is on the decline, both in Washington State and nationally. The state target is to raise the average age of adolescents' first use of tobacco products to 16.

¹ U.S. Surgeon General, *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2000.

² Centers for Disease Control and Prevention, "Projected Smoking-Related Deaths Among Youth – United States," *Morbidity and Mortality Weekly Report* 45, 1999.



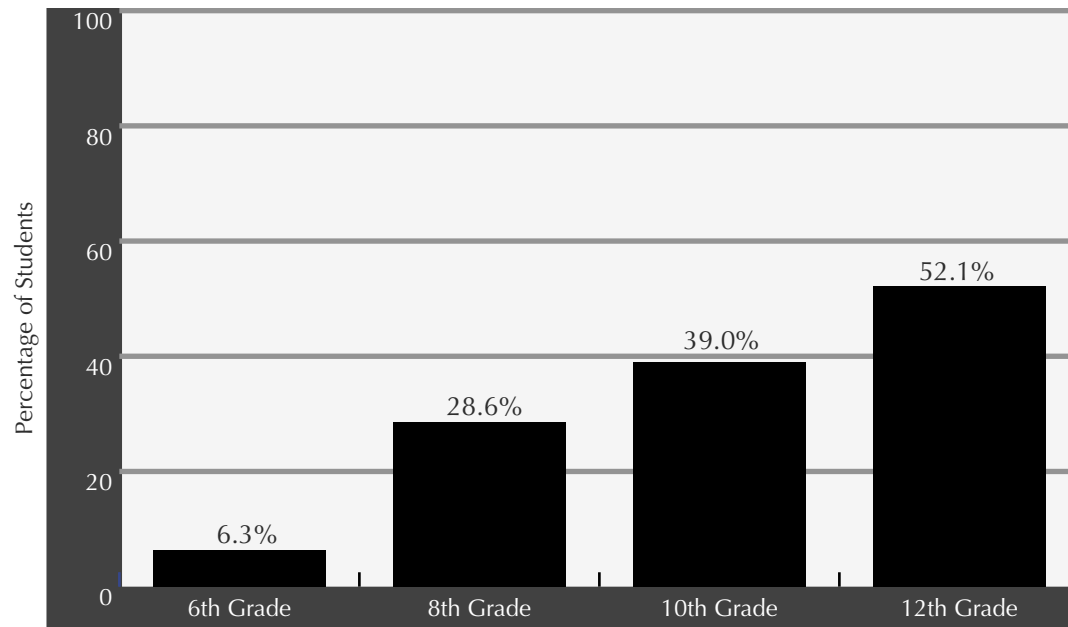
* The Washington State Healthy Youth Survey (HYS) is now administered in October. Prior to 2000, it was administered at different and varying times throughout the school year, rendering comparisons with more recent data suspect. The national Monitoring the Future Survey (MTF) is administered in the spring. The result is that Washington State students are younger than those surveyed by MTF, with correspondingly less time in school. Direct comparisons of data points between HYS and MTF thus should not be made, except for the purpose of viewing trends.



Source: National data from the National Institute on Drug Abuse, *Monitoring the Future*. State data from the Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey*.



By 12th Grade, More Than Half of Washington Adolescents Have Tried Smoking.



Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2002*.

The percentage of Washington State students who have experimented with smoking is declining. Experimentation and use of smokeless tobacco is also on the decline.¹

Research indicates that increasing tobacco taxes on cigarettes, when combined with anti-smoking campaigns, is one of the most cost-effective short-term strategies to prevent tobacco initiation about youth.² A recent study found that 70% of U.S. youths ages 14-17 report they can purchase cigarettes within five blocks of their home.³ However, the Washington State Healthy Youth Survey found that only 17% of 10th grade youth reported they usually obtained tobacco by purchasing it themselves; 66% obtained it from others.⁴

¹ Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2002*. Olympia, WA: 2003.

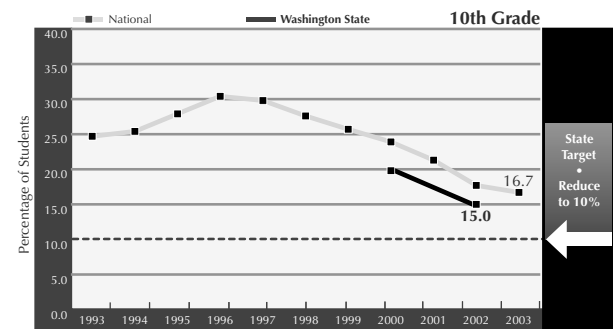
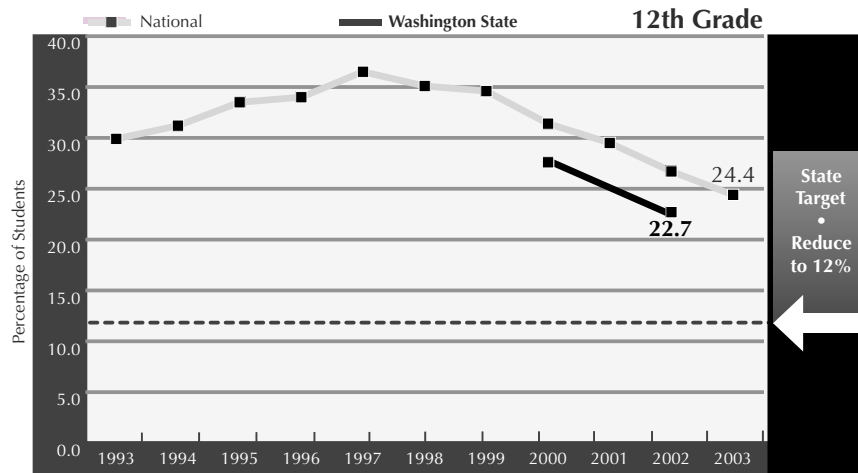
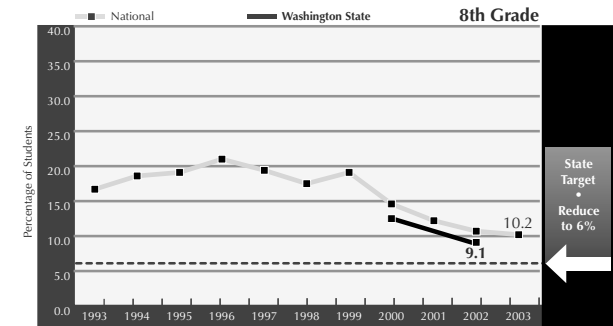
² U.S. Department of Health and Human Services, *Healthy People 2010* (Conference Edition), 27-6. Washington, DC: 2000.

³ Institute for Adolescent Risk Communication, *Access to Risky Products and Perceptions of Risky Behavior and Popularity*. Philadelphia, PA: University of Pennsylvania, Annenberg Public Policy Center, 2002.

⁴ *Healthy Youth Survey*, op. cit.

In 2002, Washington State 8th, 10th, and 12th Graders were Less Likely to Have Smoked a Cigarette in the Past 30 Days than Their National Counterparts.*

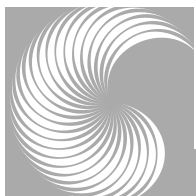
Recent smoking by adolescents appears to be on the decline, both in Washington State and nationwide. Studies indicate that youth and young adult smokers are more price-responsive than other smokers, and that a 10% increase in price could reduce the number of teenagers who smoke by 7%.¹



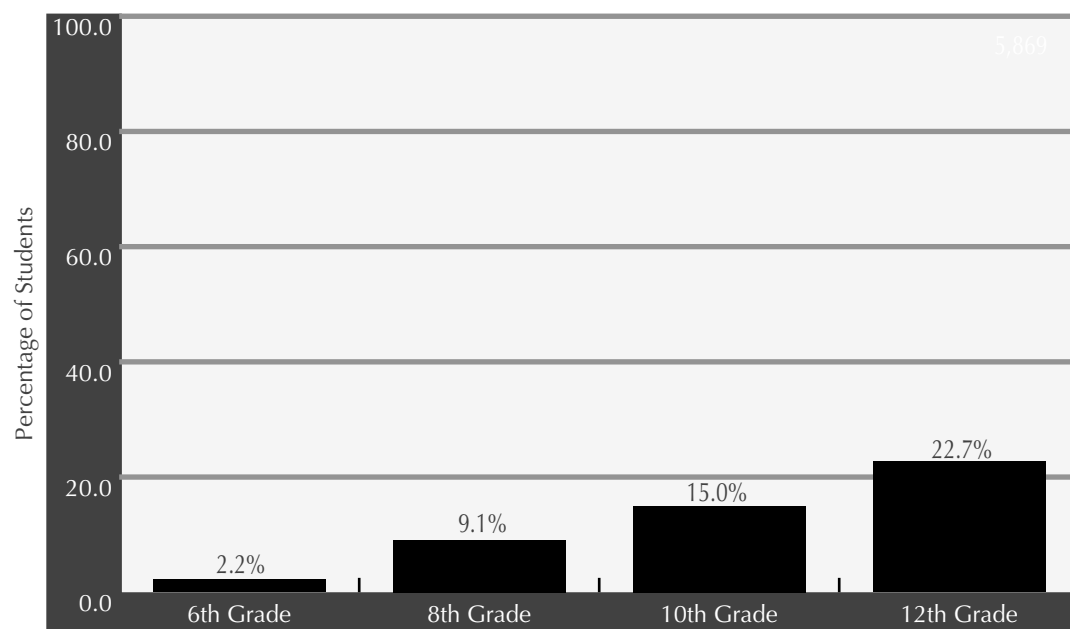
Source: National data from the National Institute on Drug Abuse, *Monitoring the Future*. State data from the Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey*.

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¹ Schneider Institute for Health Policy, Brandeis University, *Substance Abuse – The Nation's Number One Health Problem: Key Indicators for Policy – Update February 2001*. Princeton, NJ: The Robert Wood Johnson Foundation, 2001.



Almost a Quarter of Washington High School Seniors Report Having Smoked a Cigarette in the Past 30 Days.



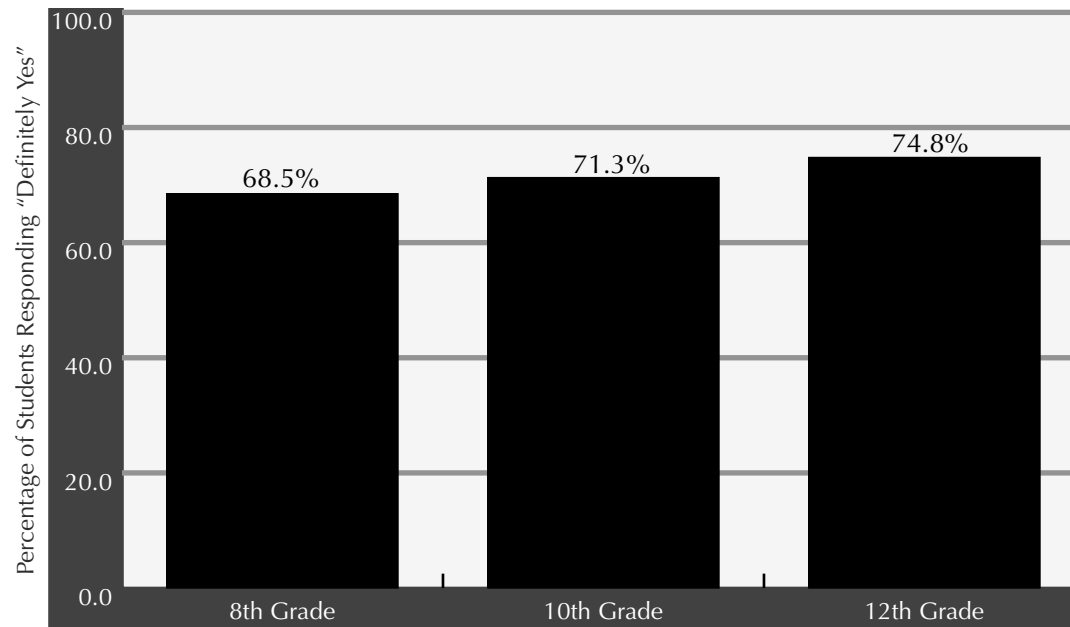
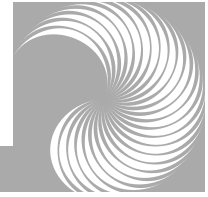
Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2002*.

Among young people, short-term health consequences of smoking include respiratory and non-respiratory effects, nicotine addiction, and the associated risk of other drug use. Long-term health consequences of youth smoking are reinforced by the fact that most young people who begin to smoke regularly in their youth continue to do so as adults.¹ A large majority of Washington State students who smoke report that they want to quit, and more than half have tried to stop during the previous year.²

¹ U.S. Surgeon General, *Tobacco Use Among Young People – A Report of the Surgeon General*. Washington, DC: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1994.

² Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2002*. Olympia, WA: 2003.

In 2002, Most Washington State Students Believe that Young People Risk Harming Themselves by Smoking 1-5 Cigarettes Per Day.



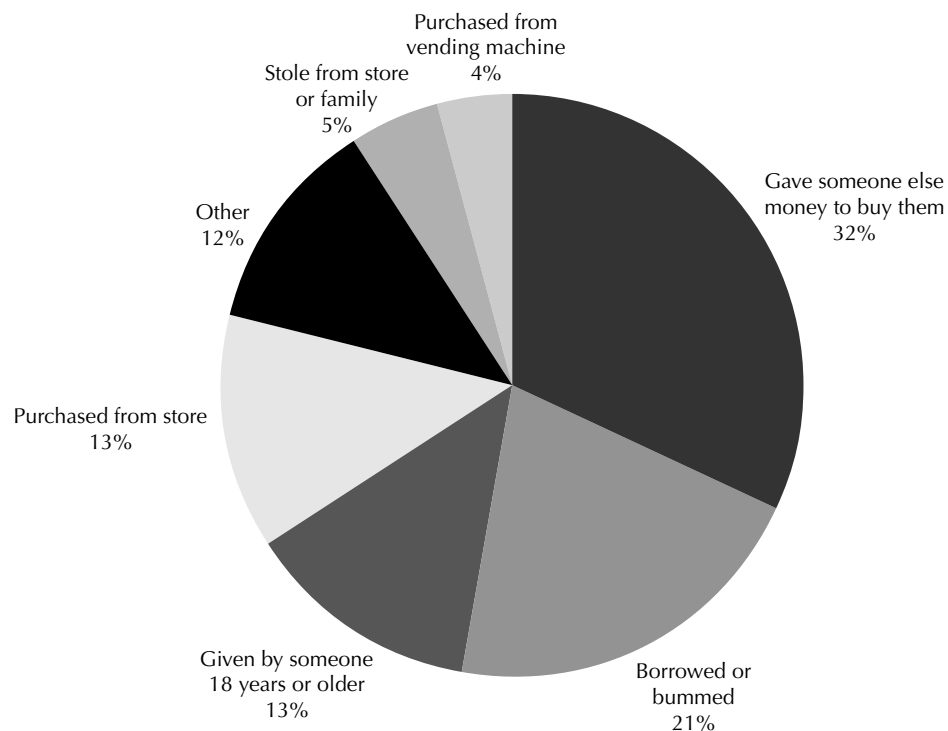
Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2002*.

Most Washington State students perceive a high degree of risk from smoking cigarettes. The percentage perceiving such risk rises as students get older, even as the rate of smoking among students increases. This suggests that new efforts need to be focused on helping current young smokers quit. A large majority of Washington State youth smokers report they would like to quit.¹

¹ Office of the Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2002*. Olympia, WA: 2003.



Most 10th Grade Smokers in Washington State Obtain Cigarettes from Others.

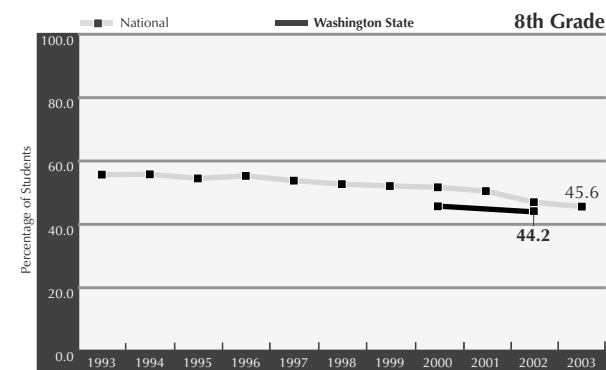
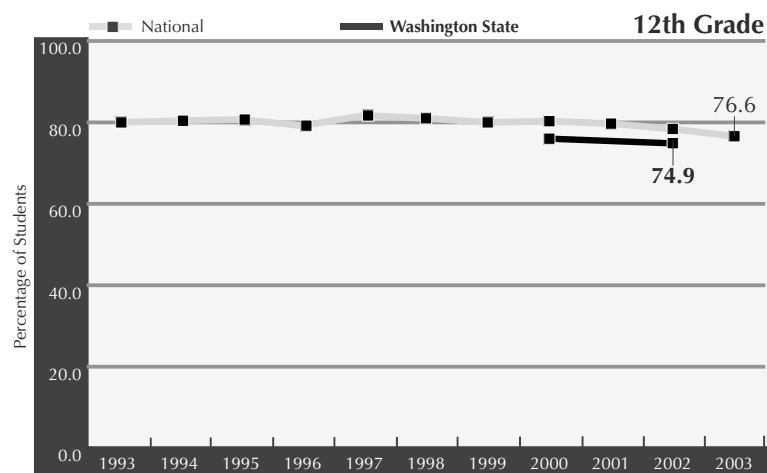


Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2002*.

Only 17% of cigarettes obtained by Washington State 10th graders are purchased directly by them. The rest are obtained for them by others. This suggests that there is a culture around smoking that still makes it socially acceptable for others to participate in young people developing a highly dangerous health habit.

The Percentage of Students, Both in Washington and Nationally, Who Have Tried Alcohol is Declining.*

In 1999, underage drinkers (ages 12-20) consumed 19.7% of alcohol consumed in the United States, accounting for \$22.5 billion in total alcohol sales. Roughly half of youth in this age group drink, a proportion similar to that of adults ages 21 and older.¹ The state target is to raise the average age of adolescents' first use of alcohol to 16.



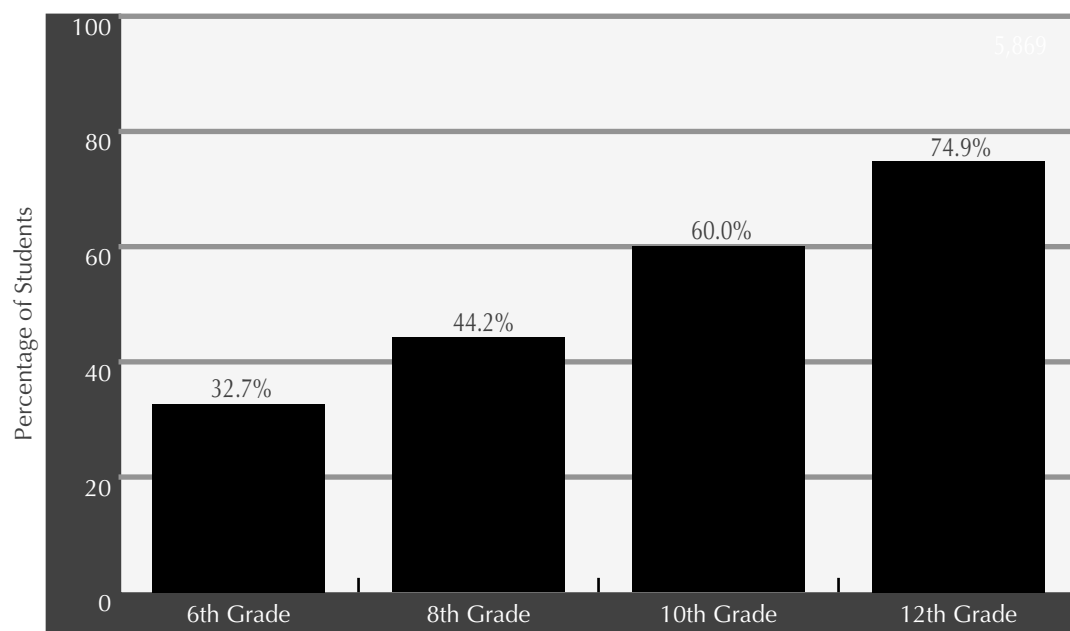
Source: National data from the National Institute on Drug Abuse, *Monitoring the Future*. State data from the Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey*.

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¹ Foster, S., et al., "Alcohol Consumption and Expenditures for Underage Drinking and Adult Excessive Drinking," *Journal of the American Medical Association* 289(8), 2003.



Almost a Third of Washington 6th Graders Have Tried Alcohol.



Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2002*.

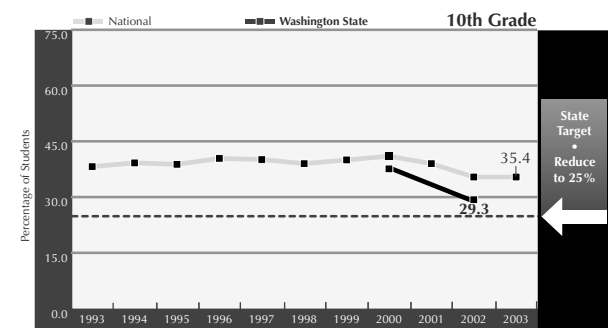
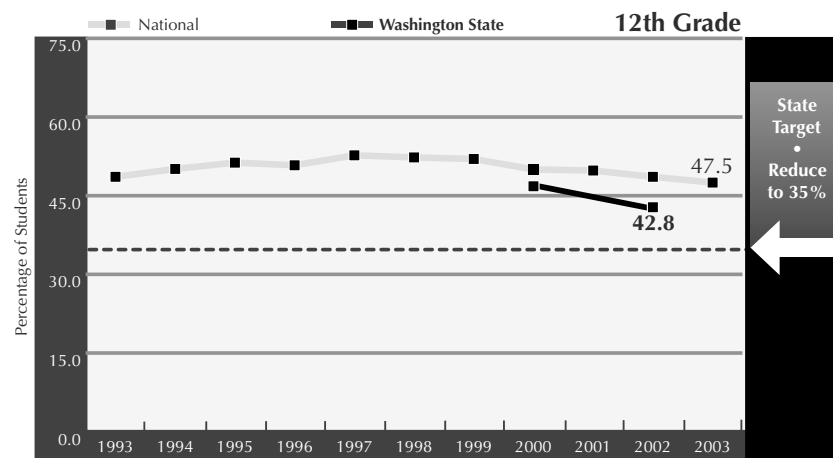
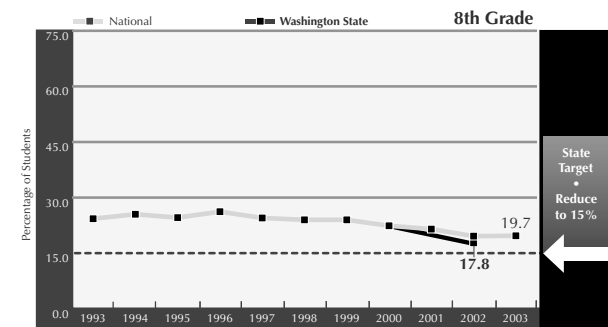
Teenage drinking can physically damage the brain; interfere with mental and social development; interrupt academic progress; increase chances of risky sexual behavior and teen pregnancy, juvenile delinquency, and crime; compromise health; and result in unintentional injury and death.¹

Almost half of Washington students have tried alcohol before they reach high school.

¹ Foster, S., et al., "Alcohol Consumption and Expenditures for Underage Drinking and Adult Excessive Drinking," *Journal of the American Medical Association* Vol. 289 No. 8, February 26, 2003.

Use of Alcohol in the Past 30 Days by Washington State 8th, 10th, and 12th Graders is Declining.*

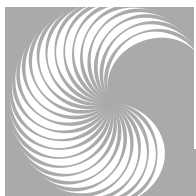
Recent alcohol use among youth appears to be dropping, both nationally and in Washington State. Research indicates that initiation of alcohol use at an early age increases the risk that teenagers will become adult heavier drinkers with alcohol-related problems later in life.¹



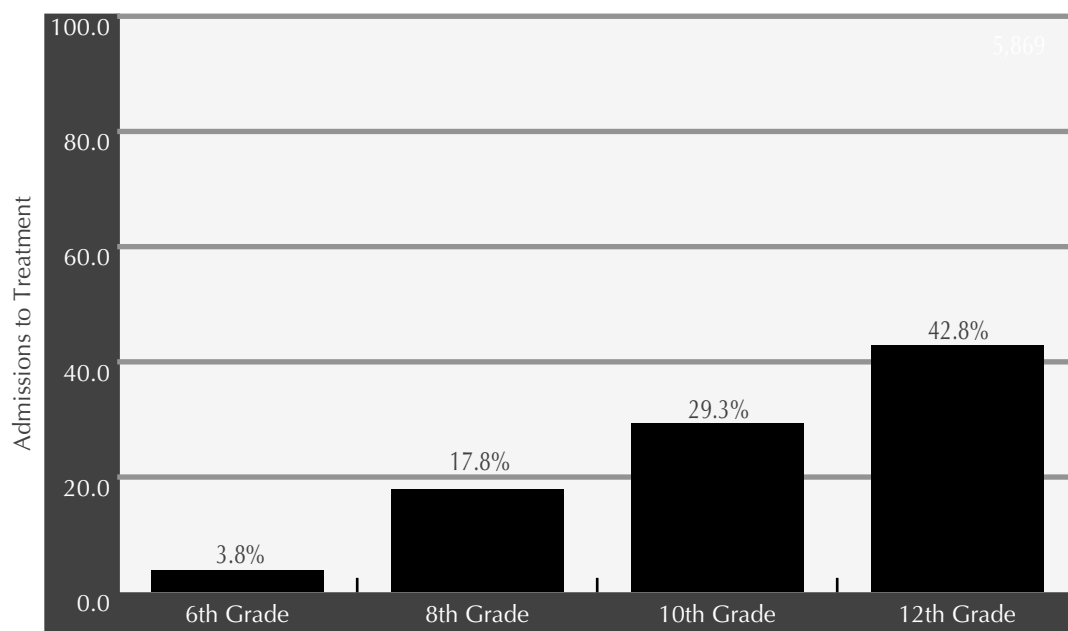
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¹ Dewit, D., et al., "Age at First Alcohol Use: A Risk Factor for the Development of Alcohol Disorders," *American Journal of Psychiatry* 157, 2000; Grant, B., and Dawson, D., "Age at Onset of Alcohol Use and Its Association with DSM-IV Alcohol Abuse and Dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey," *Journal of Substance Abuse* 9, 1997.



Almost One Out of Five Washington 8th Graders Report Having Used Alcohol in the Past 30 Days.



Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2002*.

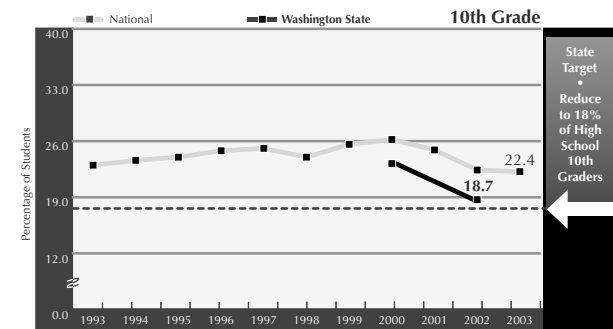
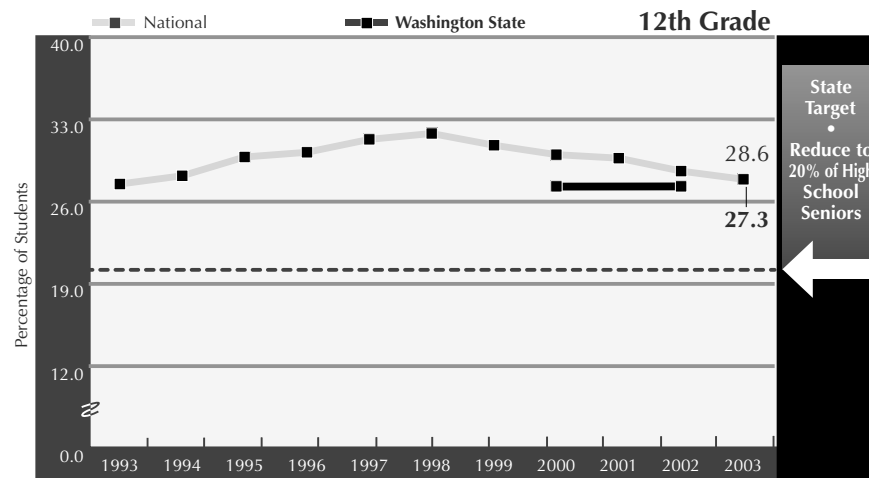
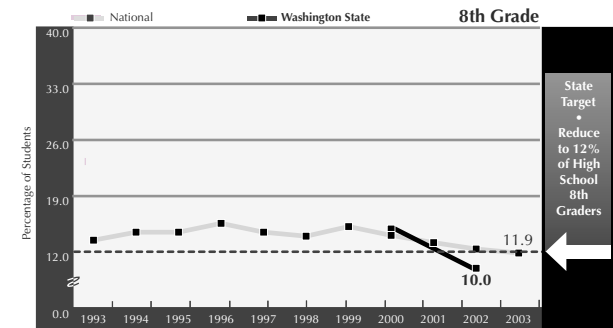
A recent study indicates that youth ages 12-20 are responsible for 19.7% of all alcohol consumed in the United States.¹ Despite the fact that it is illegal, more than 40% of Washington high school seniors report using alcohol in the past 30 days. Teenage drinking is associated with a full range of academic, social, and medical consequences, including juvenile delinquency and crime, risky sexual behavior and teen pregnancy, poor academic progress and school dropout rates, and unintentional injuries and death.²

¹ Foster, S., et al., "Alcohol Consumption and Expenditures for Underage Drinking and Adult Excessive Drinking," *Journal of the American Medical Association* 288 (8), February 26, 2003.

² *Ibid.*

Recent Binge Drinking by Washington State 8th, 10th, and 12th Graders is Declining.*

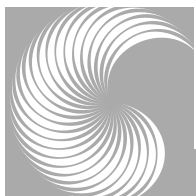
These graphs indicate that in 2002, the percentage of Washington State students engaging in recent binge drinking declined. Recent binge drinking is defined as having five or more drinks in a row on at least one occasion in the past two weeks.



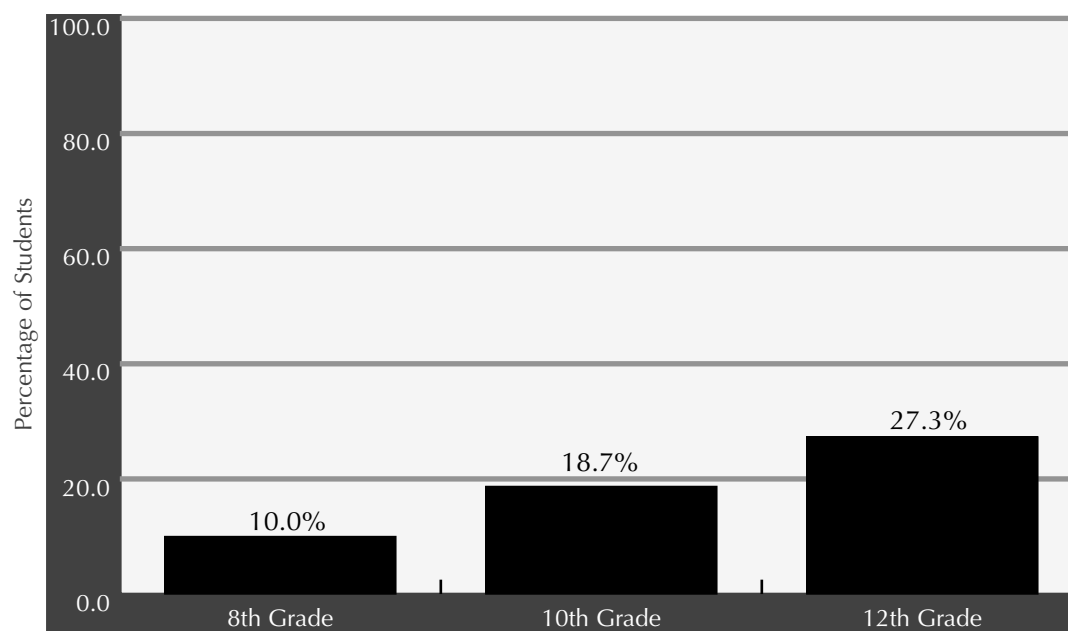
Source: National data from the National Institute on Drug Abuse, *Monitoring the Future*. State data from the Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey*.

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¹ Institute for Adolescent Risk Communication, *Access to Risky Products and Perceptions of Risky Behavior and Popularity*. Philadelphia, PA: University of Pennsylvania, Annenberg Public Policy Center, 2002.



More Than a Quarter of Washington Seniors Have Engaged in Recent Binge Drinking.

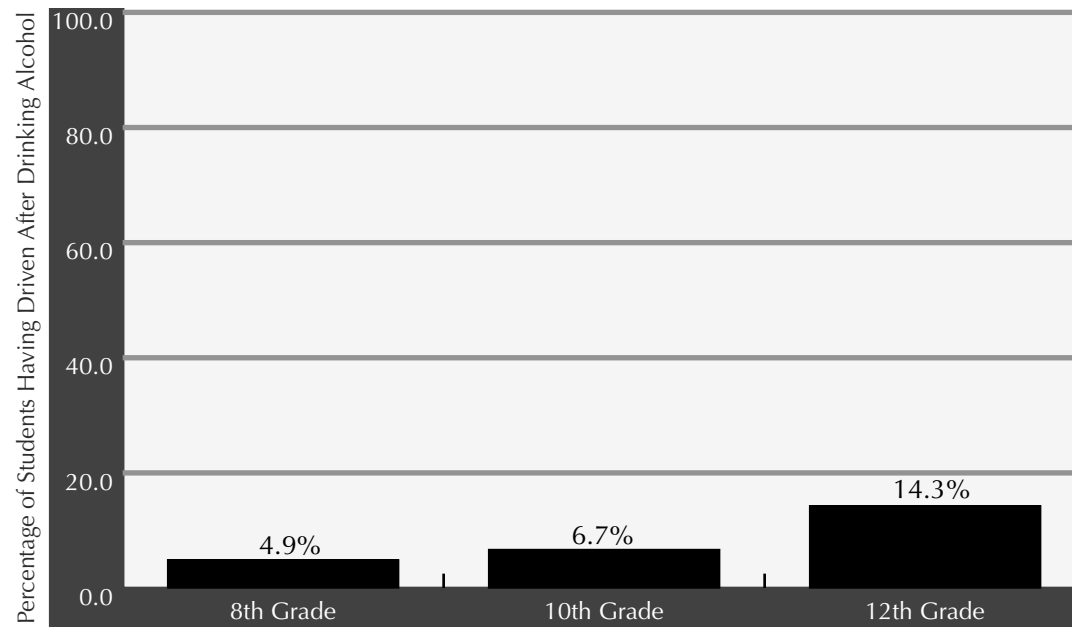
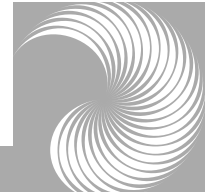


Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2002*.

Recent binge drinking is defined as consuming five or more drinks in a row on at least one occasion in the past two weeks. A 2000 survey of Washington students indicates that binge drinking may start as early as the 6th grade, or earlier.¹ Heavy drinking among youth has been linked to motor vehicle crashes and deaths, physical fights, property destruction, poor school and employment performance, and involvement with law enforcement and the legal system.

¹ Office of Superintendent of Public Instruction, *Washington State Survey of Adolescent Health Behaviors – 2000*. Olympia, WA: 2000.

In 2002, Almost 5% of Washington State 8th Graders Had Driven a Vehicle After Drinking Alcohol.



Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2002*.

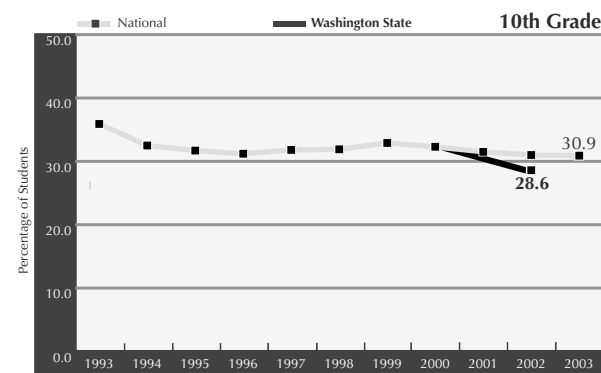
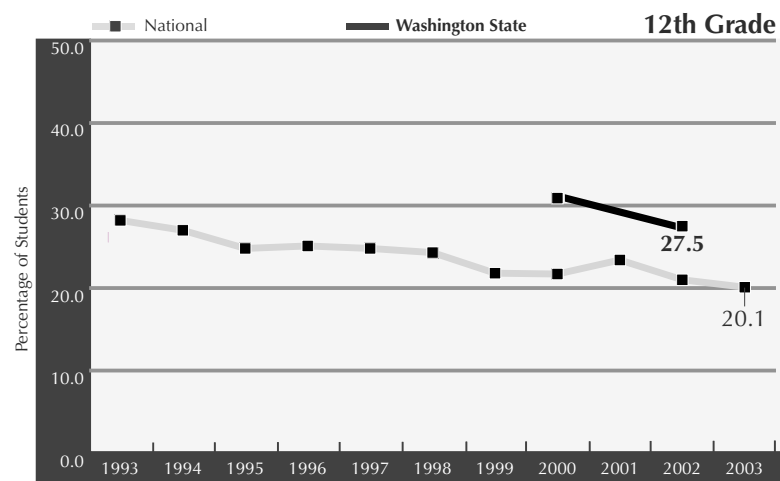
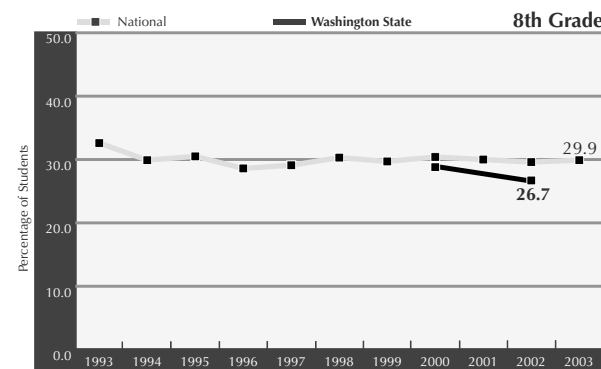
The *Washington State Healthy Youth Survey* allows for the cross-tabulation of substance abuse among students with other behaviors in schools and communities. Significant percentages of Washington students in 8th, 10th, and 12th grades have driven after drinking alcohol. This is true even among students too young to possess a drivers license.

According the National Highway Traffic Safety Administration, 3,594 drivers ages 15-20 died in motor vehicle crashes in 2000. Some 1,066 (29%) had been drinking, and 21% were legally drunk at the time of the crash.¹



The Percentage of Washington State Students in 8th, 10th, and 12th Grade Who Perceive Great Risk from Drinking 1-2 Alcohol Drinks Nearly Every Day Appears to Be Declining.

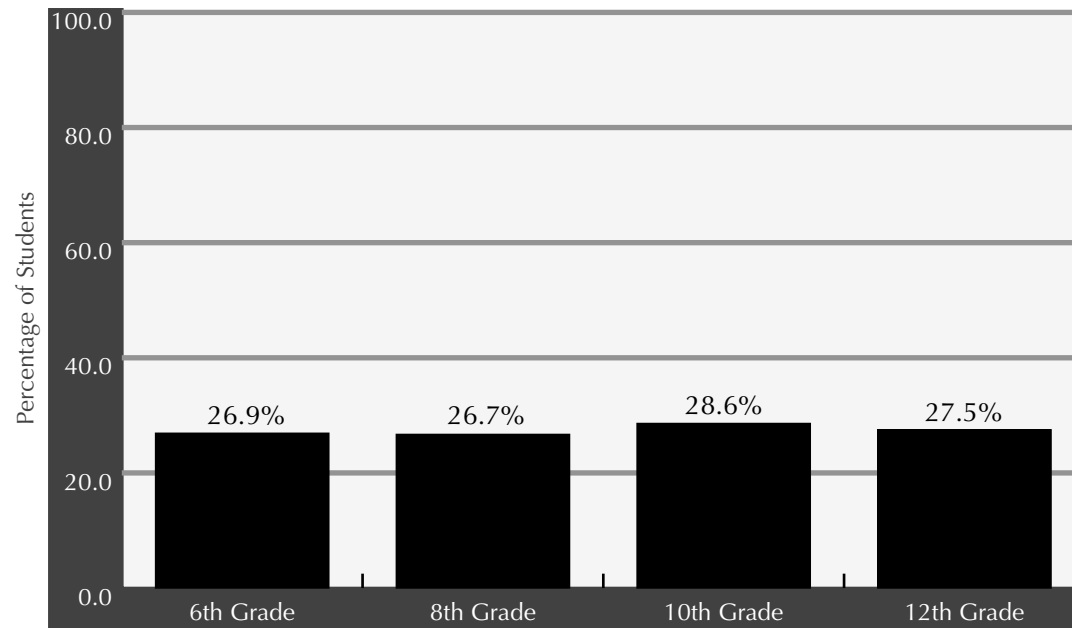
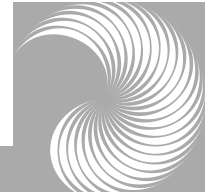
This graph indicates that almost three-quarters of Washington State 8th, 10th, and 12th grade students do not perceive great risk in near-daily alcohol consumption. National data indicate that student perception of risk regarding both regular use of alcohol and heavy drinking is declining, perhaps suggesting that alcohol use is becoming more acceptable among students.



Source: National data from the National Institute on Drug Abuse, *Monitoring the Future*. State data from the Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey*.

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Only About a Quarter of Washington State 6th, 8th, 10th, and 12th Graders Perceive Great Risk from Drinking 1-2 Alcoholic Drinks Nearly Every Day.*



Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2002*.

Research indicates that attitudes about specific drugs and alcohol are among the most important determinants of actual use.¹ Perception of great risk from near-daily use of alcohol among Washington State students actually declined at all grades levels from the *Washington State Survey of Adolescent Risk Behaviors – 2000*. This may be due to the fact that, despite repeated prevention messages delivered in the school environment, students are barraged with advertising messages actively promoting alcohol use.

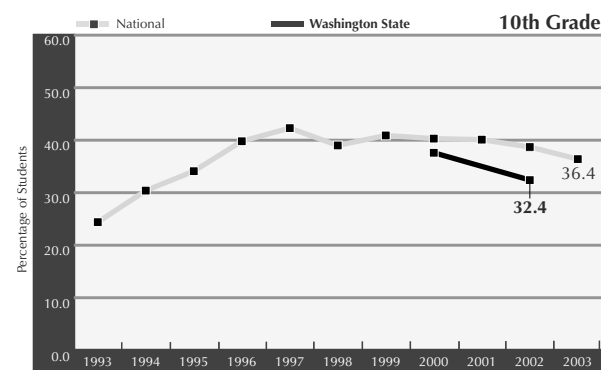
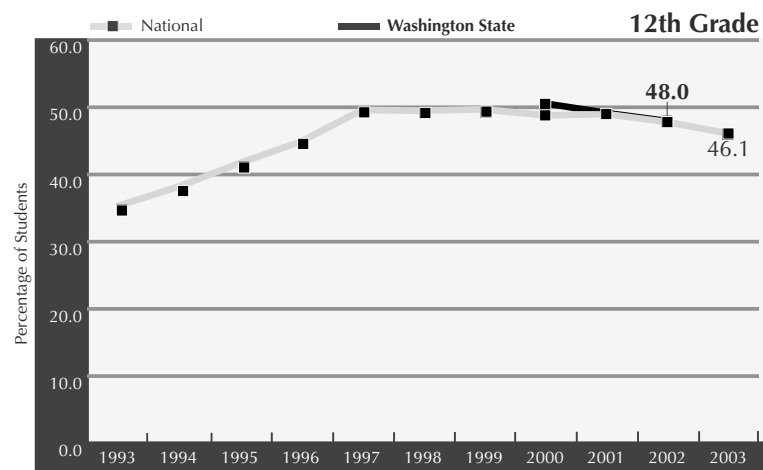
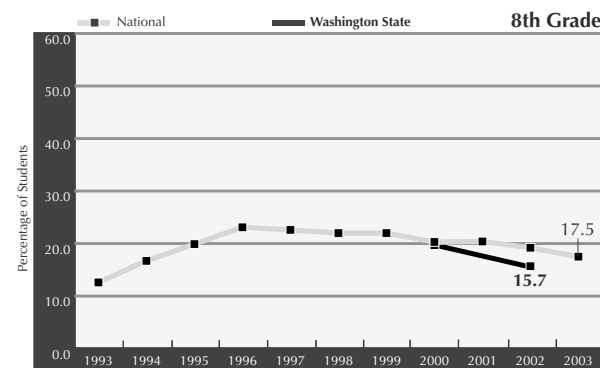
¹ Bachman, J., Johnston, L., and O'Malley, P., "Explaining Recent Increase in Students' Marijuana Use: Impacts of Perceived Risks and Disapproval," *American Journal of Public Health* 88 (6), 1988.



The Percentage of Students in Washington State Who Have Tried Marijuana is Declining.*

Besides being associated with a variety of health risks, marijuana use can contribute to risky behaviors and adverse physical and social consequences. Marijuana use among students in Washington State appears to be on the decline.

A national study indicates that 36% of youth ages 14-17 report they can purchase illegal drugs within five blocks of their home.¹ The state target is to raise the average age of adolescents' first use of marijuana to 16.

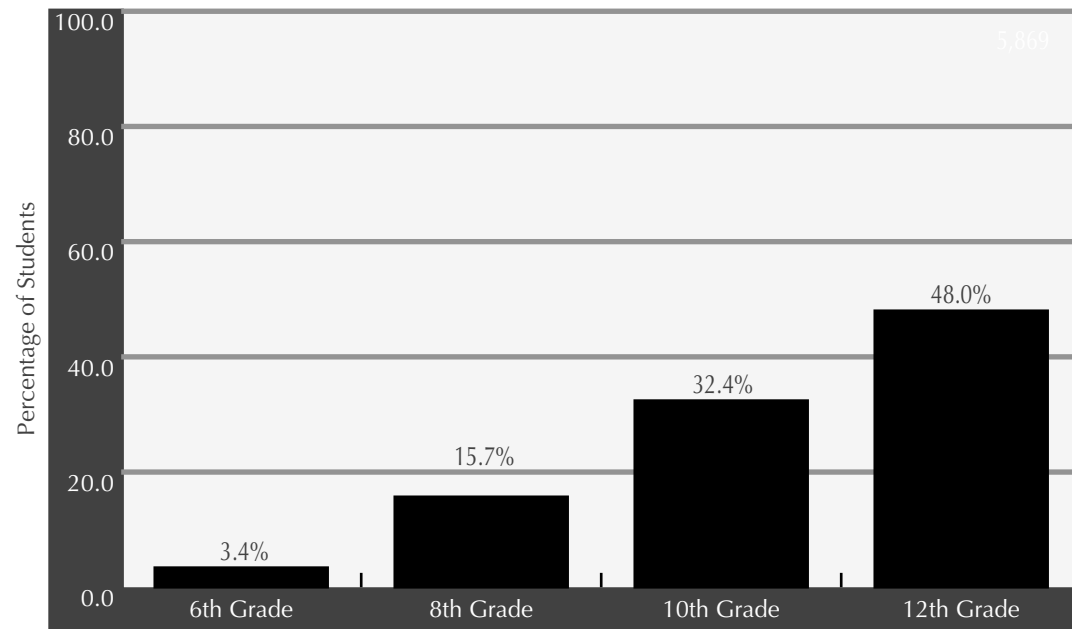
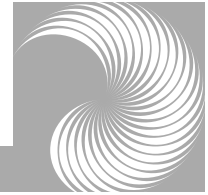


Source: National data from the National Institute on Drug Abuse, *Monitoring the Future*. State data from the Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey*.

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¹ Institute for Adolescent Risk Communication, *Access to Risky Products and Perceptions of Risky Behavior and Popularity*. Philadelphia, PA: University of Pennsylvania, Annenberg Public Policy Center, 2002.

By 12th Grade, About Half of Washington Students Have Tried Marijuana.



Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2002*.

About one-fifth of Washington students begin use of marijuana while they are in middle school. A study conducted by the National Center on Addiction and Substance Abuse at Columbia University (CASA) found that substance abuse and addiction nationally added \$41 billion, or 10%, to the cost of elementary and secondary education in 2001 due to class disruption and violence, special education and tutoring, teacher turnover, children being left behind, student assistance programs, property damage, injury, and counseling.

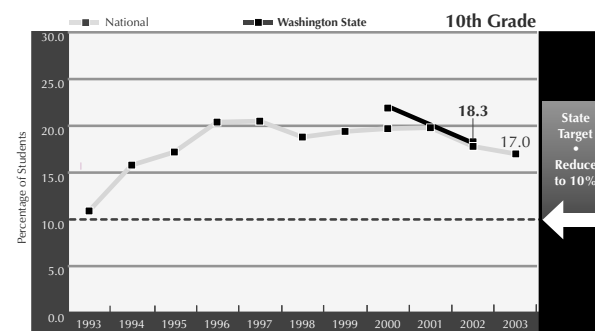
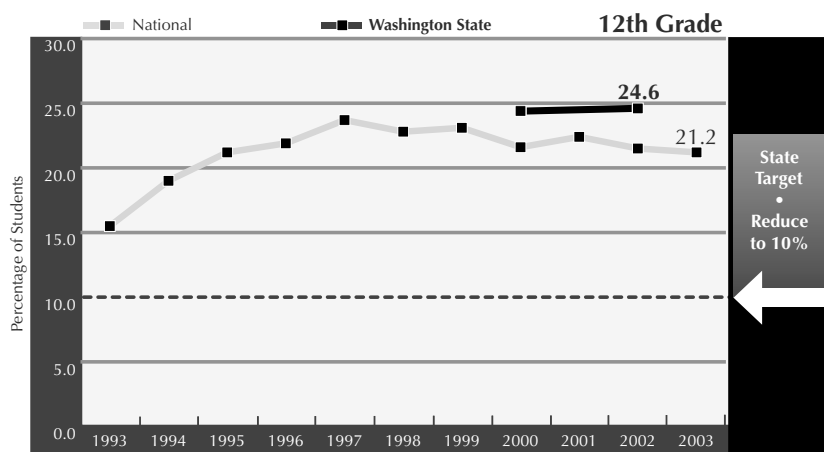
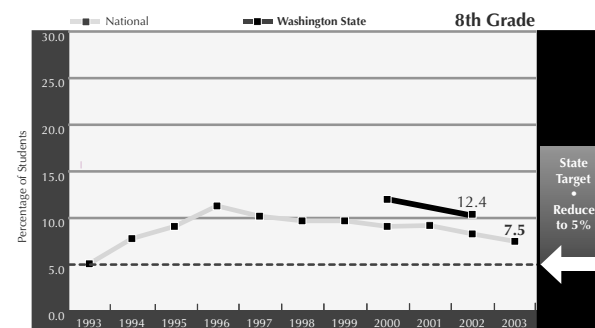
CASA also estimates that 60% of high school students and 30% of middle school students attend schools where illegal drugs are kept, sold, and used. Among 10th graders surveyed, 87% said it was easy to get tobacco, 88% to obtain alcohol, and 78% to get marijuana.¹

¹ *Malignant Neglect: Substance Abuse and America's Schools*. New York, NY: The National Center on Addiction and Substance Abuse at Columbia University, 2001.



After Rising Throughout the 1990s, Marijuana Use in the Past 30 Days Among 8th, 10th, and 12th Graders is Beginning to Decline.*

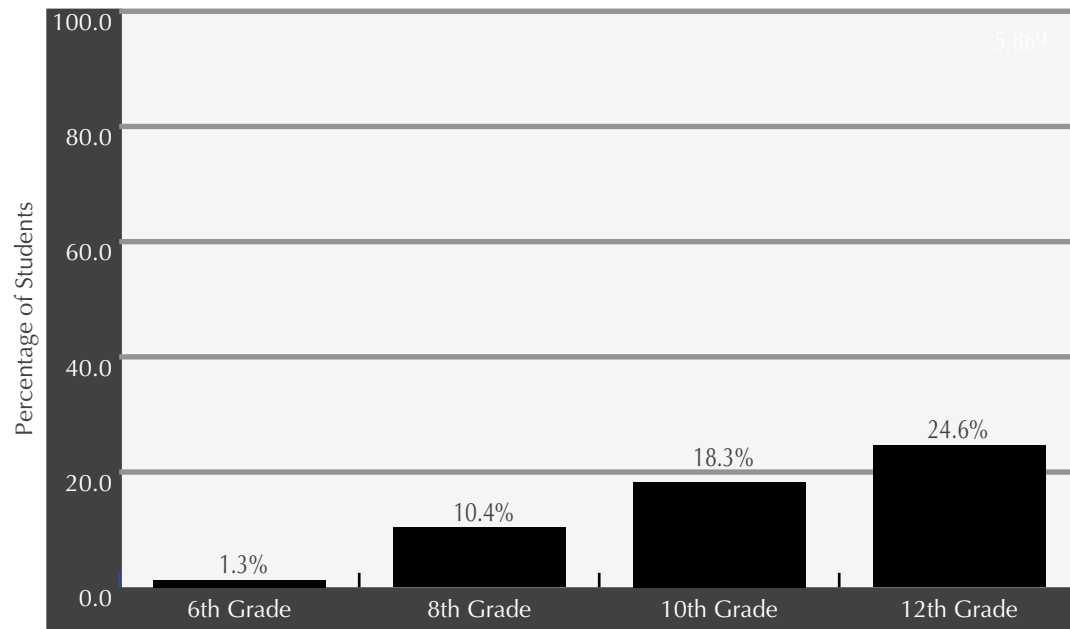
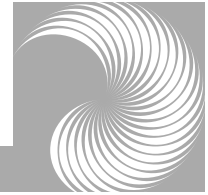
Both nationally and in Washington State, after almost a decade of increases, marijuana use among 8th, 10th, and 12th graders appears to have peaked, and is now beginning to decline.



Source: National data from the National Institute on Drug Abuse, *Monitoring the Future*. State data from the Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey*.

* The Washington State Healthy Youth Survey (HYS) is now administered in October. Prior to 2000, it was administered at different and varying times throughout the school year, rendering comparisons with more recent data suspect. The national Monitoring the Future Survey (MTF) is administered in the spring. The result is that Washington State students are younger than those surveyed by MTF, with correspondingly less time in school. Direct comparisons of data points between HYS and MTF thus should not be made, except for the purpose of viewing trends.

About One Quarter of Washington Seniors Report Having Used Marijuana in the Past 30 Days.



Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2002*.

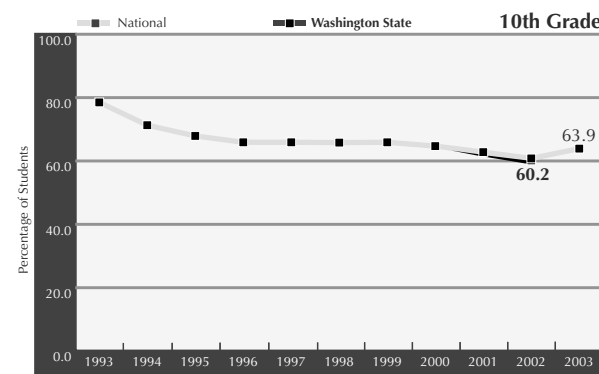
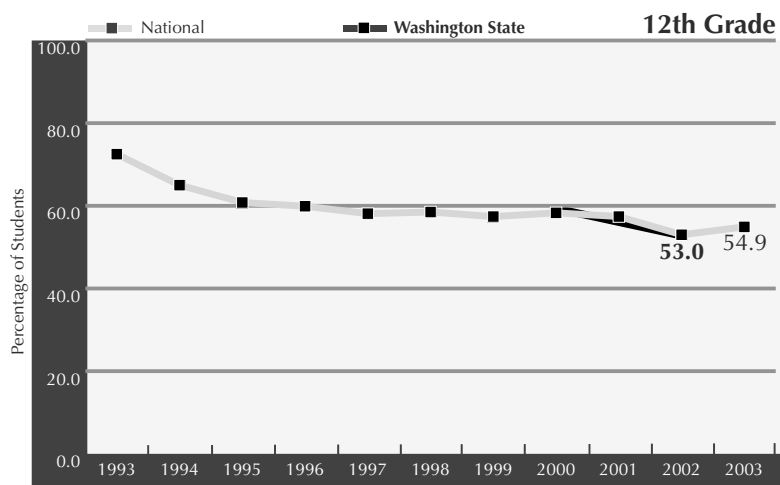
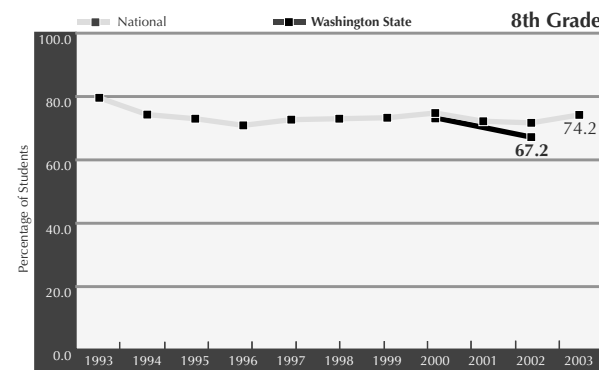
Marijuana use among adolescents follows a predictable pattern, with the highest incidence of use occurring among high school seniors. *Healthy People 2010* recommends a multicomponent approach to youth substance abuse prevention to increase the effectiveness of efforts. Such an approach would include focusing on mobilizing and leveraging resources, raising public awareness, and countering pro-use messages.¹

¹ U.S. Department of Health and Human Services, *Healthy People 2010* (Conference Edition), 26-28. Washington, DC: 2000.



Nationally, the Percentage of 8th, 10th, and 12th Graders Who Perceive Great Risk from Regular Marijuana Use Has Declined Over the Past Decade.*

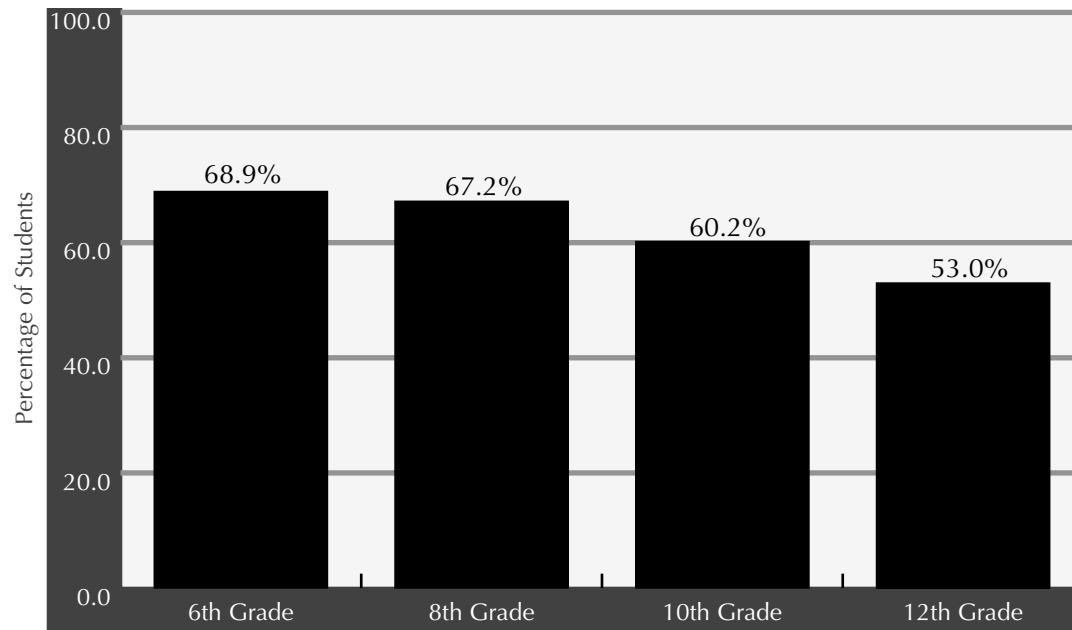
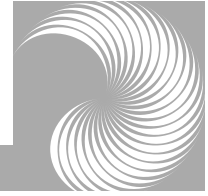
Perception of risk from regular marijuana use has been declining among 8th, 10th, and 12th grade students, and is close to its lowest point since 1980.



Source: National data from the National Institute on Drug Abuse, *Monitoring the Future*. State data from the Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey*.

* The Washington State Healthy Youth Survey (HYS) is now administered in October. Prior to 2000, it was administered at different and varying times throughout the school year, rendering comparisons with more recent data suspect. The national Monitoring the Future Survey (MTF) is administered in the spring. The result is that Washington State students are younger than those surveyed by MTF, with correspondingly less time in school. Direct comparisons of data points between HYS and MTF thus should not be made, except for the purpose of viewing trends.

The Percentage of Washington State Students Who Perceive Great Risk from Marijuana Use Declines as They Get Older.

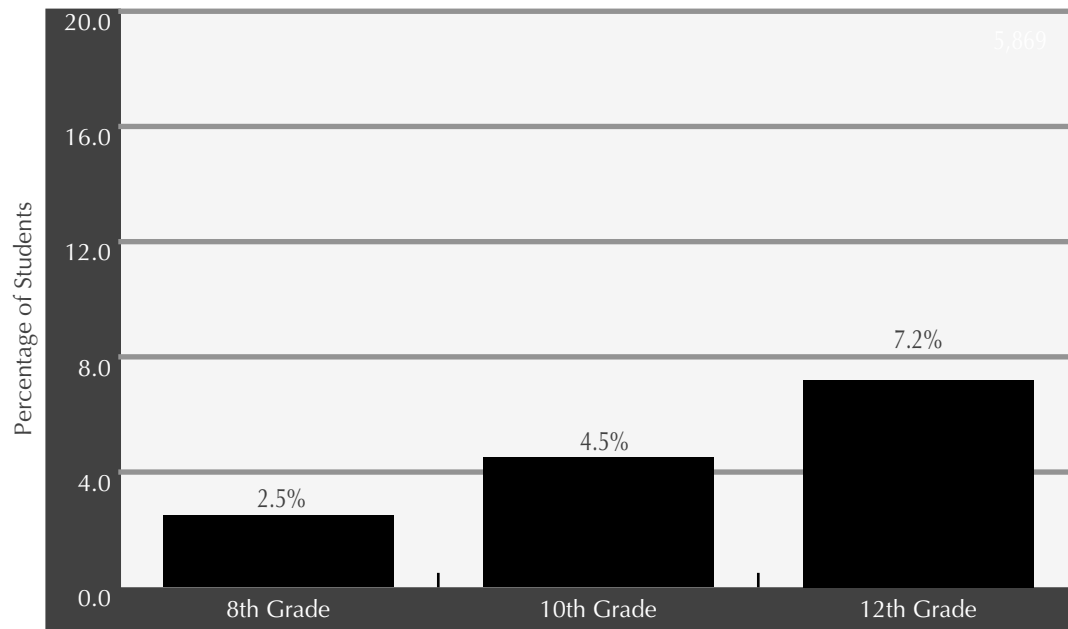


Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2002*.

The percentage of students, both in Washington State and nationally, who perceive great risk from regular marijuana use declines as they get older. This is contrary to the way students perceive the risk of regular cigarette use, which increases as students get older. In 2002, at all grade levels, a lower percentage of Washington State students perceived great risk from regular marijuana use than in 2000.



In 2002, More than 7% of Washington State High School Seniors Reported Having Tried Methamphetamine.

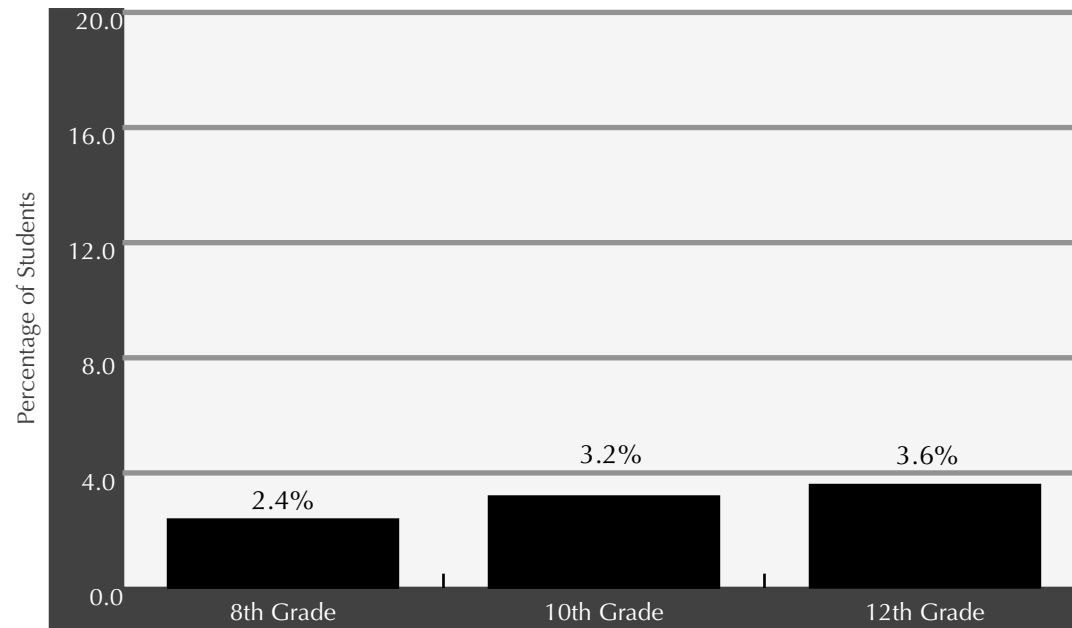
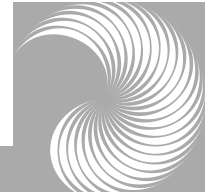


Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2002*.

Researchers funded by the National Institute on Drug Abuse have found a range of negative cognitive effects from use of methamphetamine, often associated with brain cell damage. Some of this damage is long-term, and users may not fully recover after they have become abstinent.¹ Recent data from the Washington State Healthy Use Survey suggest that lifetime methamphetamine use among Washington State teenagers may have peaked.

¹ National Institute on Drug Abuse, "Brain Imaging Studies Show Long-Term Damage from Methamphetamine Abuse," *NIDA Notes* 15(3), August 2000; National Institute on Drug Abuse, "Methamphetamine Abuse Linked to Impaired Cognitive and Motor Skills Despite Recovery of Dopamine Transporters," *NIDA Notes* 17(1), April 2002.

In 2002, 3.6% of Washington State High School Seniors Reported Having Used MDMA/Ecstasy in the Past 30 Days.

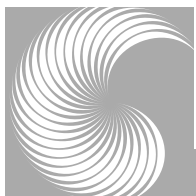


Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2002*.

MDMA/Ecstasy, one of a variety of substances called “club” or “party” drugs because of where they are often ingested, has been shown to produce long-lasting damage to the neurons that release serotonin, and may be associated with depression, sleep disorders, anxiety, and memory impairment.¹ The Washington State Healthy Youth survey indicates that in 2002 some 13.5% of Washington high school seniors have experimented with MDMA/Ecstasy at least once.²

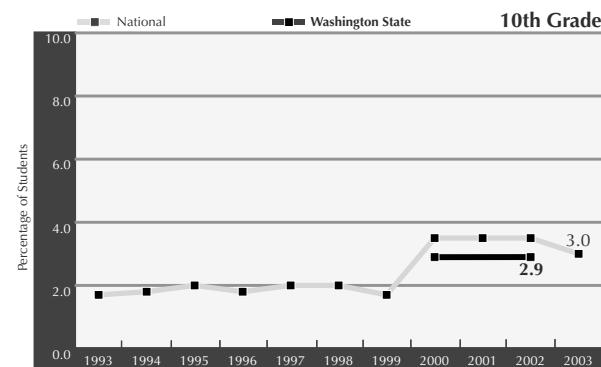
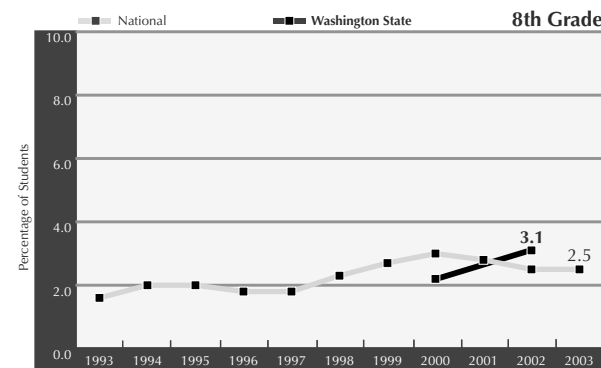
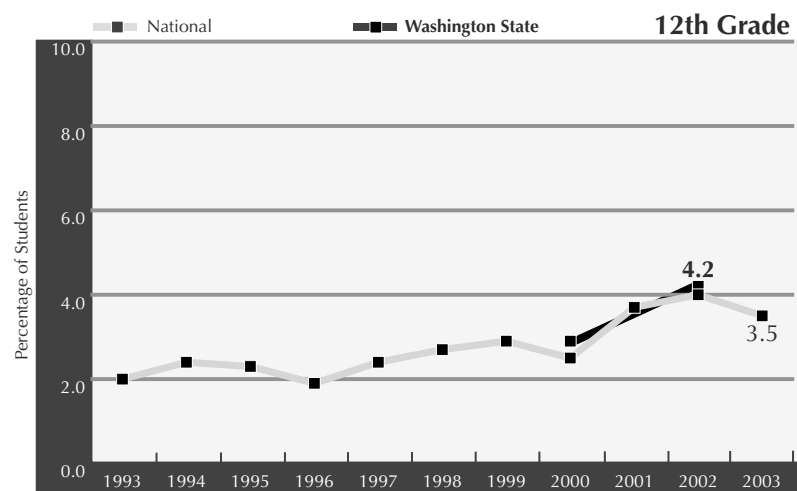
¹ National Institute on Drug Abuse, *NIDA Community Drug Alert Bulletin – Club Drugs*, December 1999.

² Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2002*. Olympia, WA: 2003.



In 2002, More than 4% of Washington State High School Seniors Reported Having Used Steroids at Least Once.*

Behavioral and health problems associated with steroid use include suicides, homicides, liver damage, and heart attacks.¹ Lifetime use of steroids in Washington State appears to be increasing among high school students, and age of first use is declining. While substantially more males (6.3% of Washington high school seniors) than females (2.3% of Washington high school seniors) have tried steroids, use among female high school students may be increasing as well.

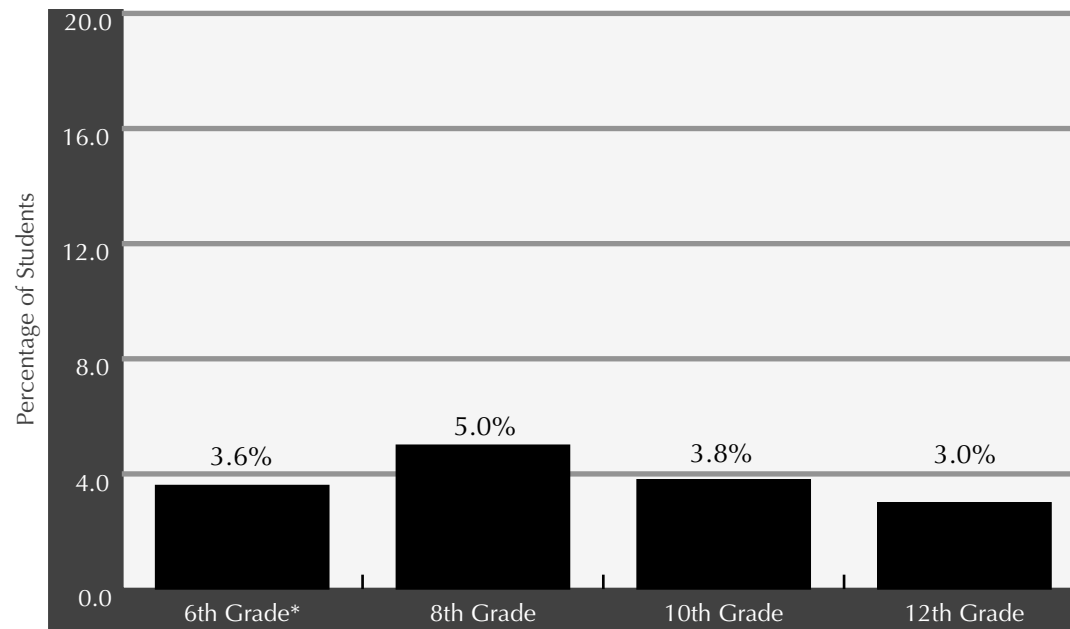


Source: National data from the National Institute on Drug Abuse, *Monitoring the Future*. State data from the Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey*.

* The Washington State Healthy Youth Survey (HYS) is now administered in October. Prior to 2000, it was administered at different and varying times throughout the school year, rendering comparisons with more recent data suspect. The national Monitoring the Future Survey (MTF) is administered in the spring. The result is that Washington State students are younger than those surveyed by MTF, with correspondingly less time in school. Direct comparisons of data points between HYS and MTF thus should not be made, except for the purpose of viewing trends.

¹ U.S. Department of Health and Human Services, *Healthy People 2010* (Conference Edition), 26-36. Washington, DC: 2000.

Use of Inhalants in the Past 30 Days Among Washington State Students Peaks in the 8th Grade.



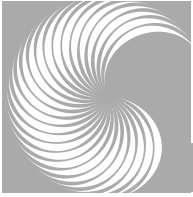
Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2002*.

Inhalants are substances whose vapors can be inhaled to produce a mind-altering effect. They include volatile solvents (paint thinners, degreasers, and glues); aerosols (hair sprays and vegetable oil sprays); ether, nitrous oxide, and propane; and nitrites. A single, prolonged session of inhalant use can produce rapid and irregular heart rhythms, heart failure, and death. Chronic exposure can cause widespread and long-lasting damage to the nervous system and other vital organs.¹

In 2002, Washington State 8th graders reported the highest use of inhalants in the previous 30 days. Thereafter, unlike the pattern for other drug and alcohol use, inhalant use declines.

*6th grade percentage is for lifetime use; other grades are for past 30-day use.

¹ National Institute on Drug Abuse, "Facts About Inhalant Abuse," *NIDA Notes* 15 (6), January 2001.



Peer Substance Abuse Has Significant Negative Impacts on School Performance.

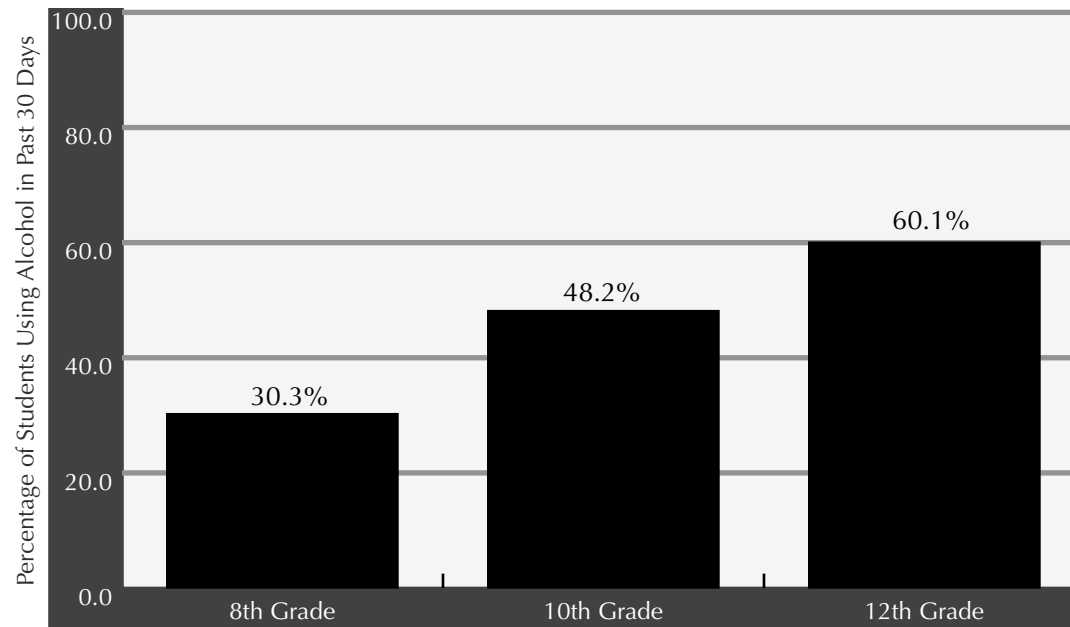
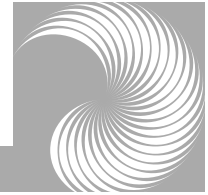
In a study undertaken by Washington Kids Count at the University of Washington's Human Services Policy Center, data from the results of the 1999 Washington Assessment on Student Learning tests were linked with the results of the 1998 Washington Survey of Adolescent Health Behaviors administered in Washington schools. Peer substance use was calculated as the average level of alcohol or drug use by students of the same age, gender, and race-ethnic group in the school.

Among middle schoolers:

- *Students whose peers had little or no involvement with drinking and drugs scored substantially higher than students whose peers had a low level of drinking or drug use.*
- *The entire average difference in whether or not students met the state reading and math standards was accounted for by the degree to which their peers used alcohol or other drugs.*
- *The most important factors reliably indicating the level of substance abuse in a school are whether students start antisocial behavior at an early age, whether the prevailing attitudes of the students condone or condemn antisocial behavior, and whether students have opportunities for productive involvement in school and community activities.¹*

¹Brandon, R., *Impact of Peer Substance Use on Middle School Performance in Washington: Summary*. Seattle, WA: University of Washington, Human Services Policy Center, Washington Kids Count, 2001.

Students Who Report Poor Grades are More Likely to Have Used Alcohol in the Past 30 Days.



Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2002*.

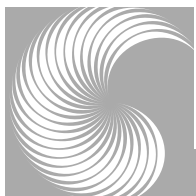
The Washington State Healthy Youth Survey allows for the cross-tabulation of substance abuse among students with other behaviors in schools and communities. Alcohol use in the past 30 days is associated with self-reported poor grades (grades last year of mostly D's and F's). In 2002, of 10th graders reporting poor grades, some 13.2% used alcohol ten or more times in the past 30 days. This association begins early, with 7.5% of 6th graders reporting poor grades having used alcohol in the past 30 days.

The Problem: Substance Abuse Prevalence & Trends

PREVALENCE

Adolescent
Substance
Use and Beliefs

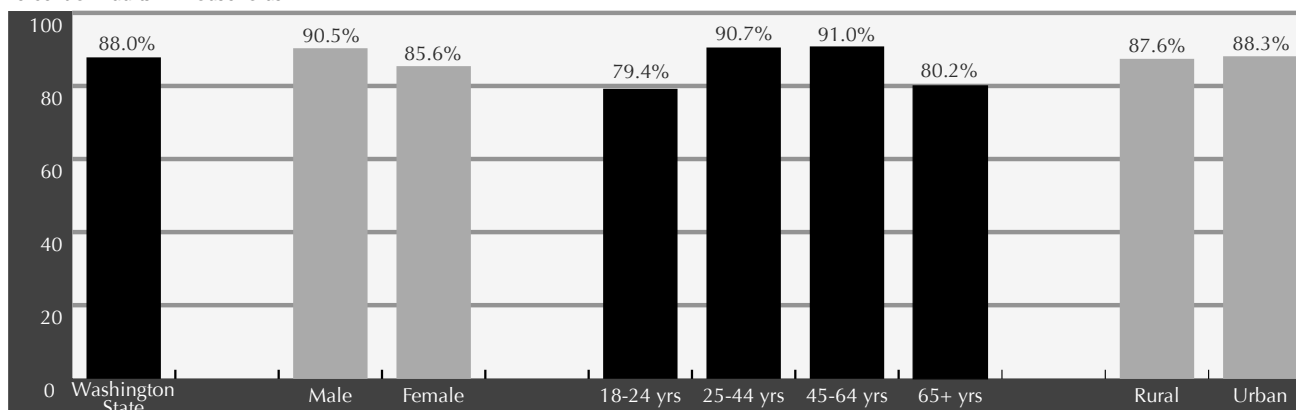
Adult
Substance
Use



Males and Individuals Ages 25-44 Have Higher Rates of Alcohol Use.

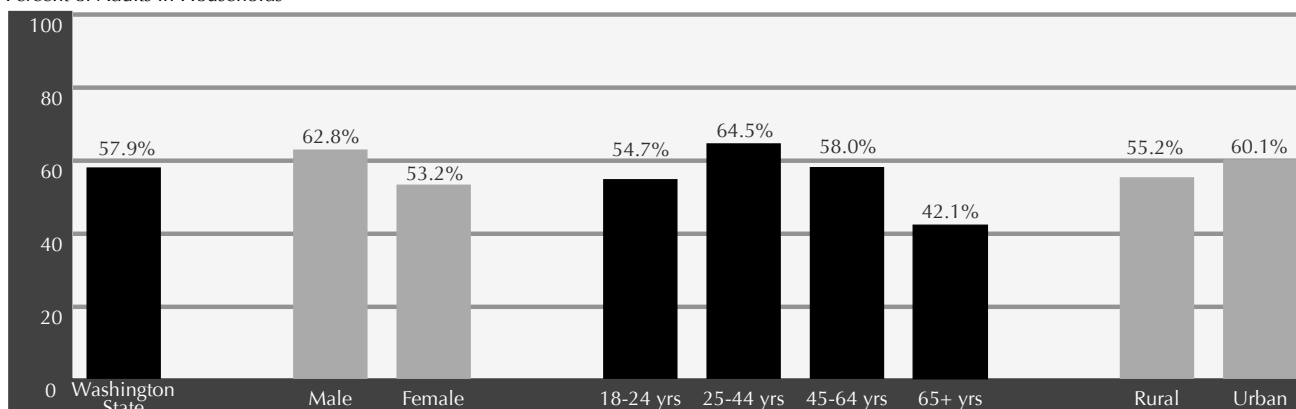
Lifetime Use of Alcohol

Percent of Adults in Households



Past 30-Day Use of Alcohol

Percent of Adults in Households

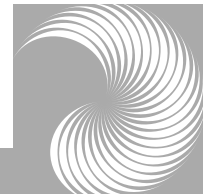


Source: *Substance Abuse, Substance Use Disorders, and Need for Treatment in Washington State: Preliminary Findings from the 2003 Washington State Needs Assessment Household Survey*. Olympia, WA: Washington State Department of Social and Health Services, Research and Data Analysis Division, May 2004.

Note: Lifetime Use of Alcohol means having had at least one drink of alcohol at least once in their life.

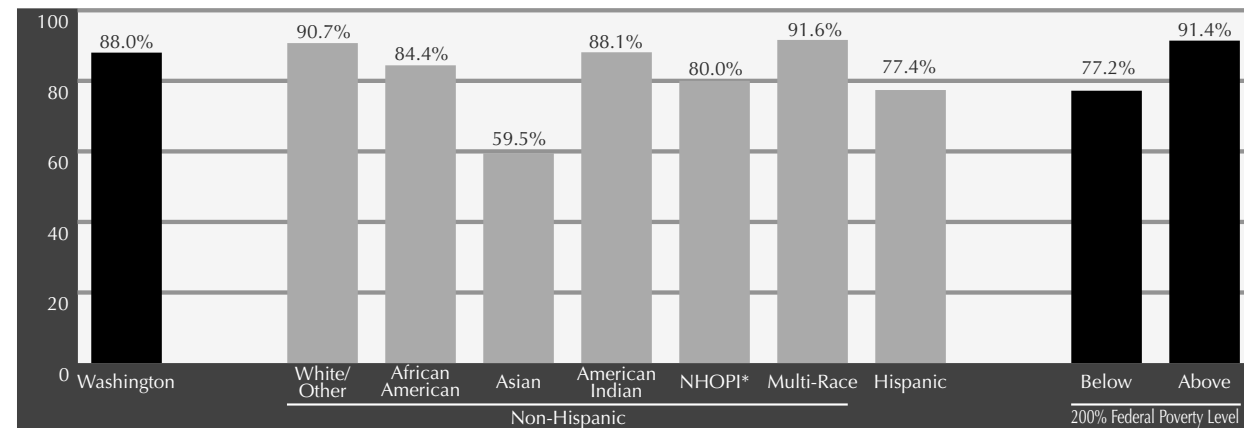
Note: Past 30-Day Use of Alcohol means having had at least one drink of alcohol during the past 30 days.

Asian-Americans, Hispanics, and Lower-Income Individuals Have Lower Rates of Alcohol Use.



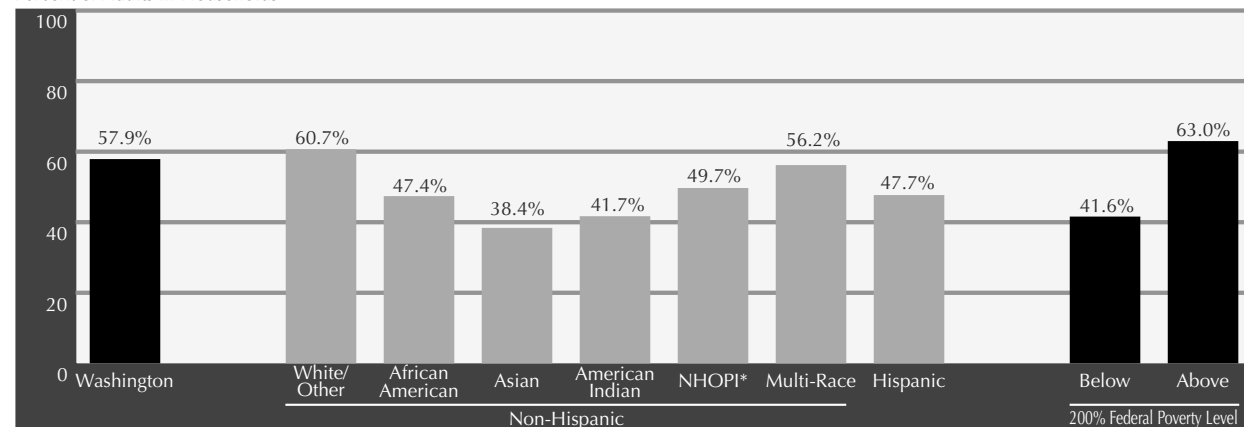
Lifetime Use of Alcohol

Percent of Adults in Households



Past 30-Day Use of Alcohol

Percent of Adults in Households



*Native Hawaiian or Pacific Islander

Source: *Substance Abuse, Substance Use Disorders, and Need for Treatment in Washington State: Preliminary Findings from the 2003 Washington State Needs Assessment Household Survey*. Olympia, WA: Washington State Department of Social and Health Services, Research and Data Analysis Division, May 2004.

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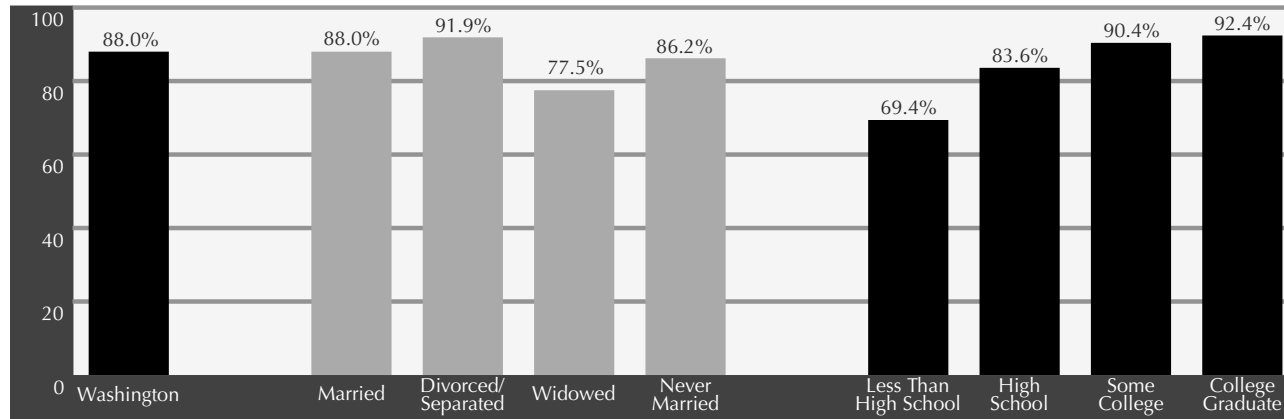
Note: Past 30-Day Use of Alcohol means having had at least one drink of alcohol during the past 30 days.



Widowed Individuals and Those Who Never Completed High School Have Lower Rates of Alcohol Use.

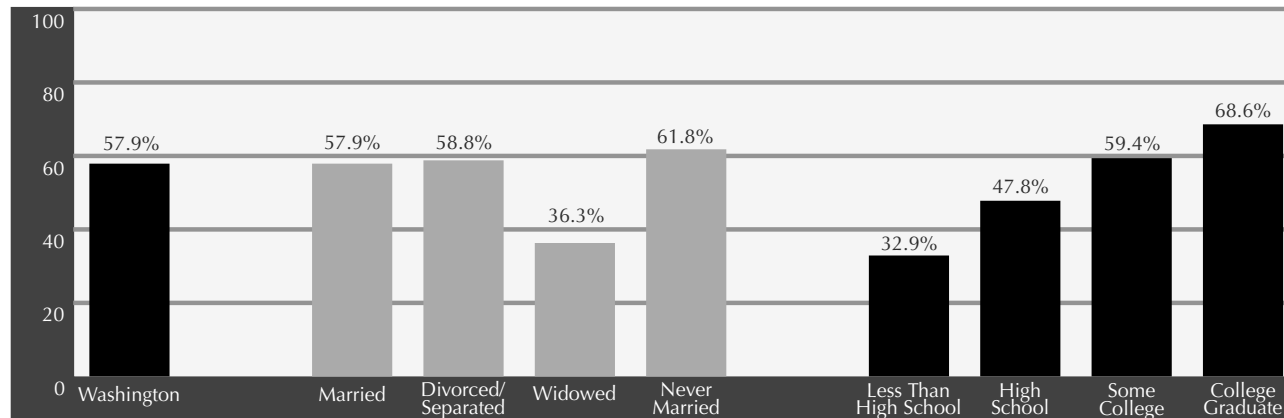
Lifetime Use of Alcohol

Percent of Adults in Households



Past 30-Day Use of Alcohol

Percent of Adults in Households



Source: *Substance Abuse, Substance Use Disorders, and Need for Treatment in Washington State: Preliminary Findings from the 2003 Washington State Needs Assessment Household Survey*. Olympia, WA: Washington State Department of Social and Health Services, Research and Data Analysis Division, May 2004.

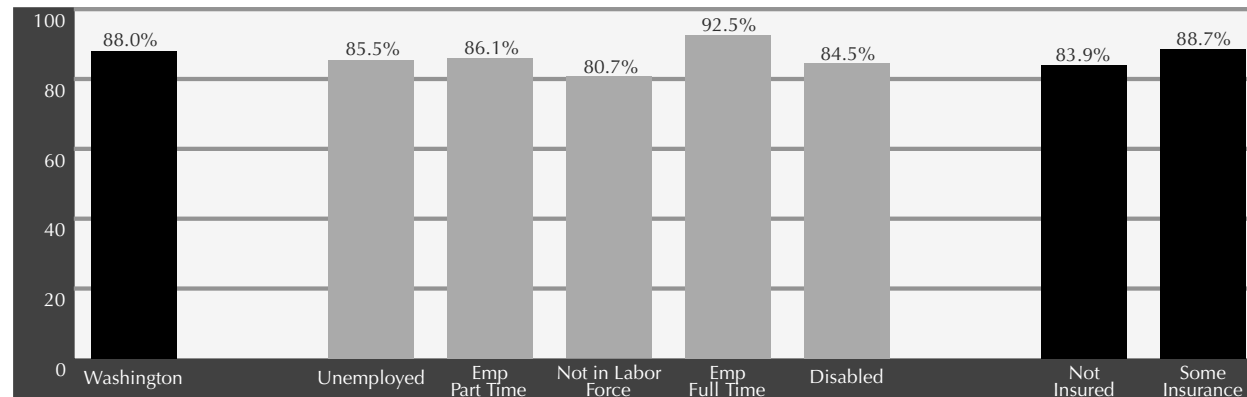
Note: Lifetime Use of Alcohol means having had at least one drink of alcohol at least once in their life.
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Individuals Not in the Labor Force and Disabled, or Who are Without Health Insurance are Less Likely to Have Used Alcohol in the Past 30 Days.



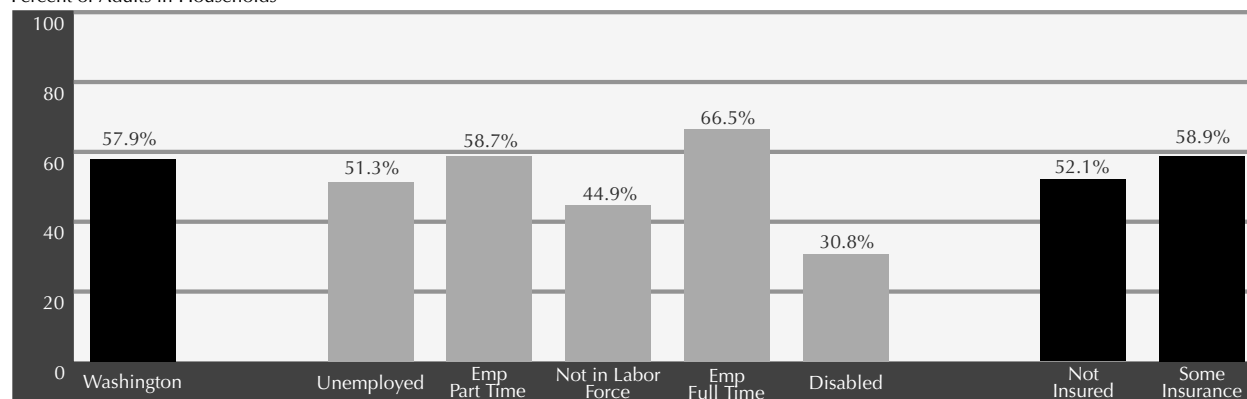
Lifetime Use of Alcohol

Percent of Adults in Households

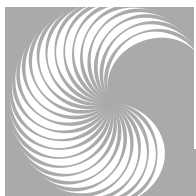


Past 30-Day Use of Alcohol

Percent of Adults in Households



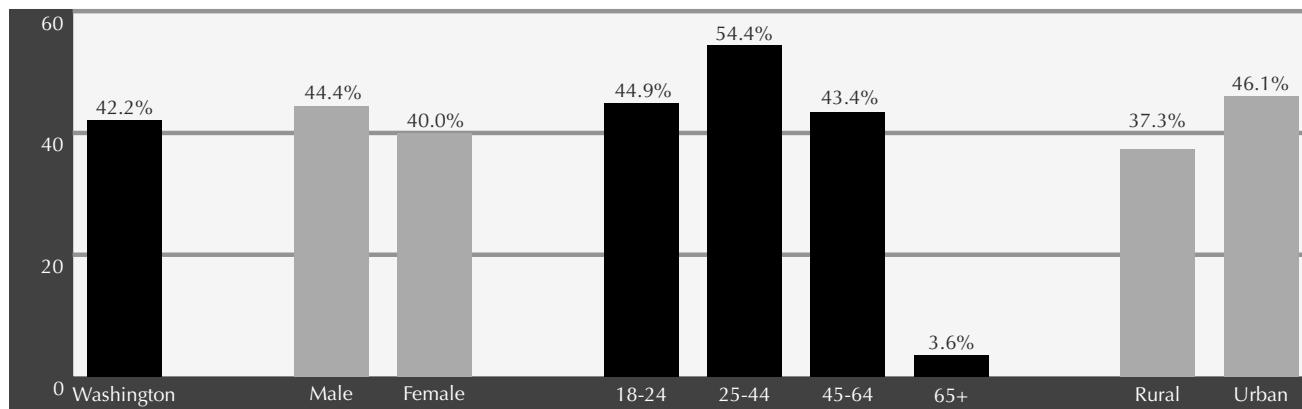
Source: *Substance Abuse, Substance Use Disorders, and Need for Treatment in Washington State: Preliminary Findings from the 2003 Washington State Needs Assessment Household Survey*. Olympia, WA: Washington State Department of Social and Health Services, Research and Data Analysis Division, May 2004.



Individuals Over 65 and Rural Residents Have Lower Rates of Marijuana Use.

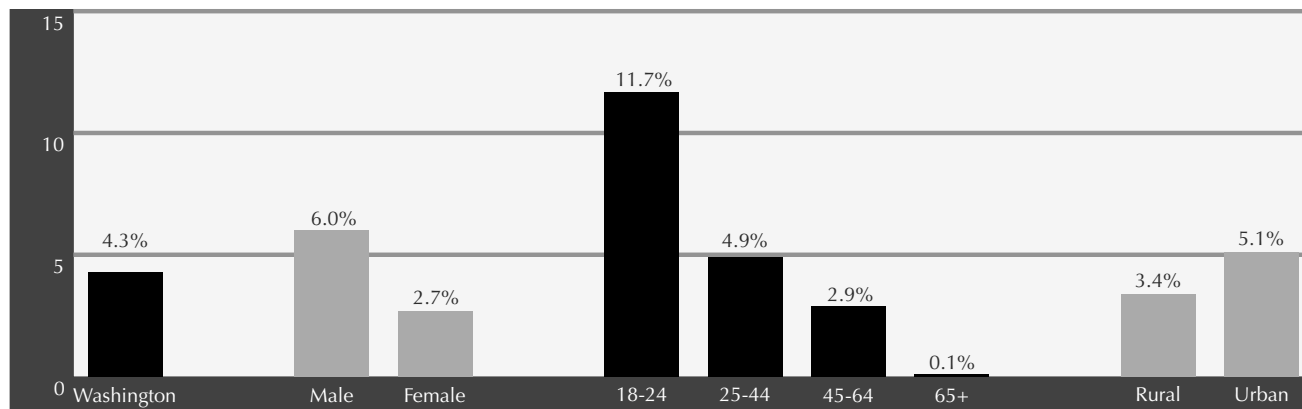
Lifetime Use of Marijuana

Percent of Adults in Households



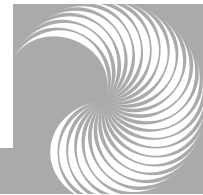
Past 30-Day Use of Marijuana

Percent of Adults in Households



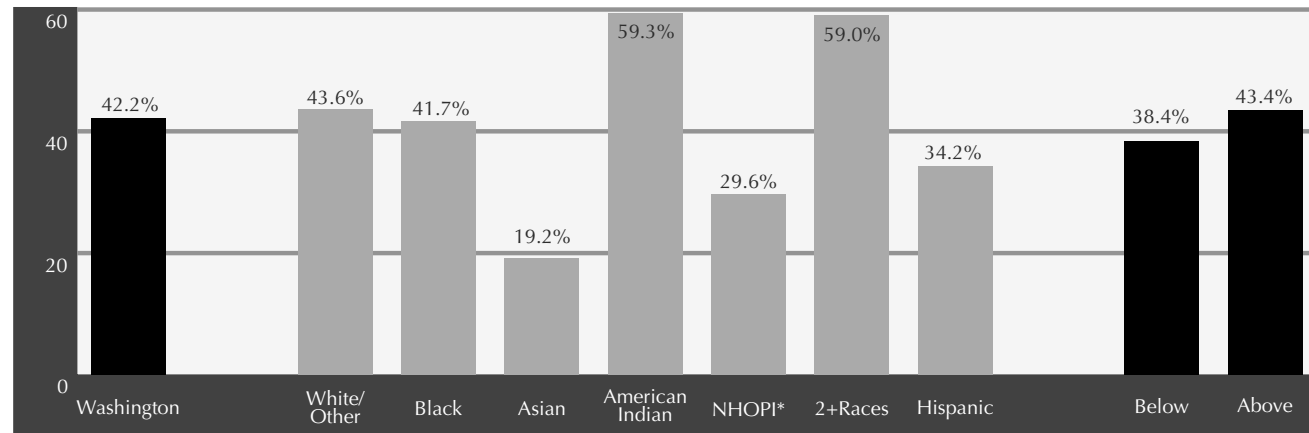
Source: *Substance Abuse, Substance Use Disorders, and Need for Treatment in Washington State: Preliminary Findings from the 2003 Washington State Needs Assessment Household Survey*. Olympia, WA: Washington State Department of Social and Health Services, Research and Data Analysis Division, May 2004.

Asian-Americans and Native Hawaiians/ Pacific Islanders Have Lower Rates of Marijuana Use.



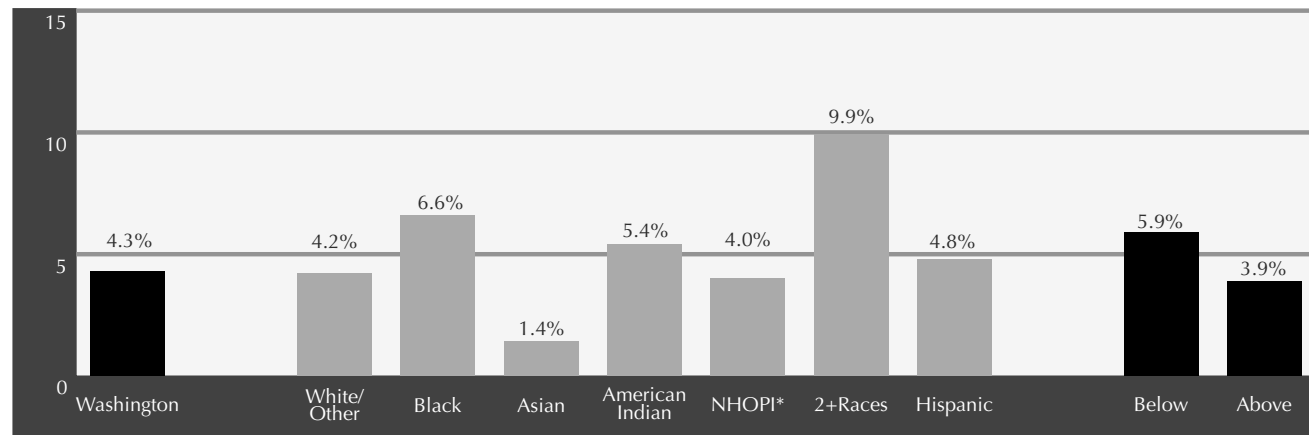
Lifetime Use of Marijuana

Percent of Adults in Household



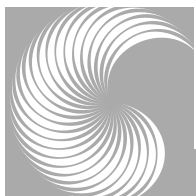
Past 30-Day Use of Marijuana

Percent of Adults in Household



*Native Hawaiian or Pacific Islander

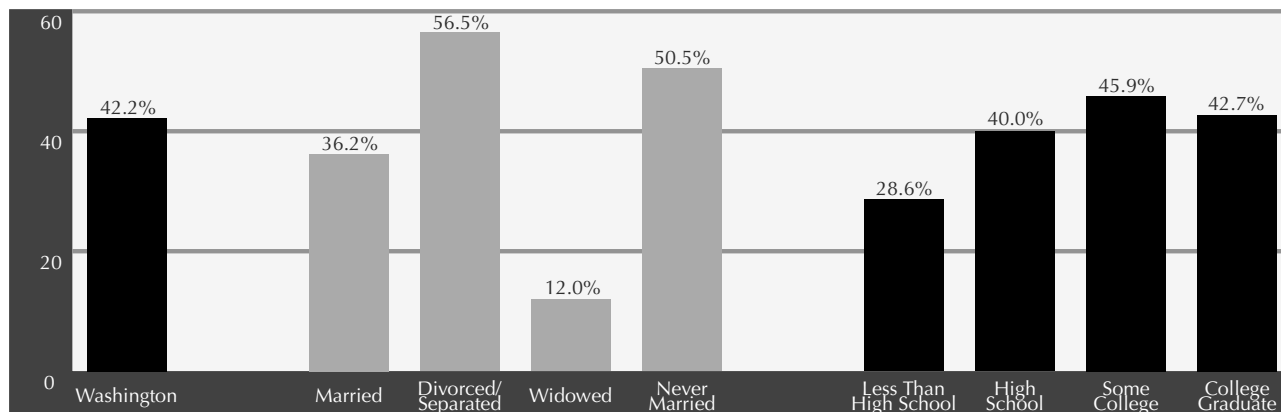
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Widowed Individuals and Those Who Never Completed High School Have Lower Rates of Marijuana Use.

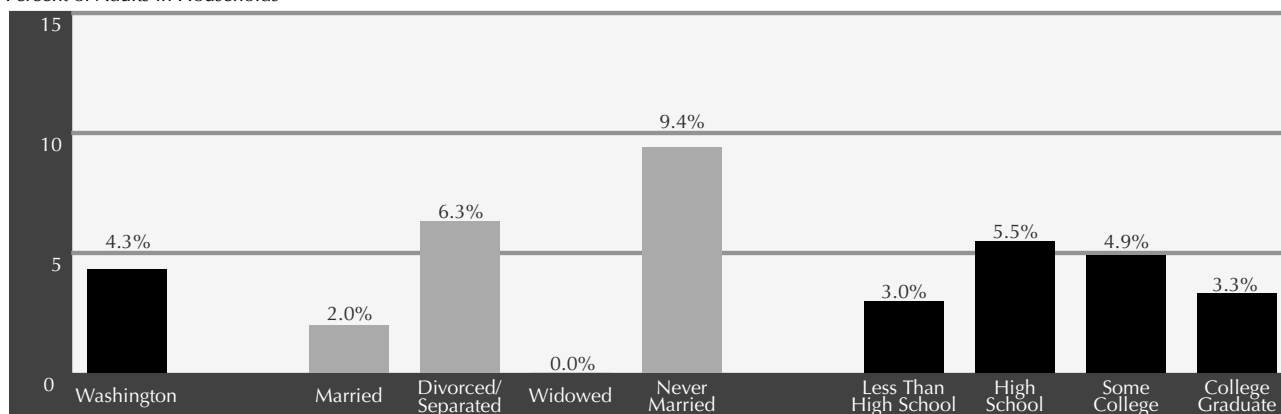
Lifetime Marijuana Use

Percent of Adults in Households



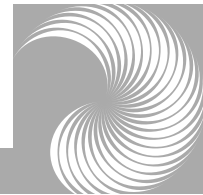
Past 30-Day Use of Marijuana

Percent of Adults in Households



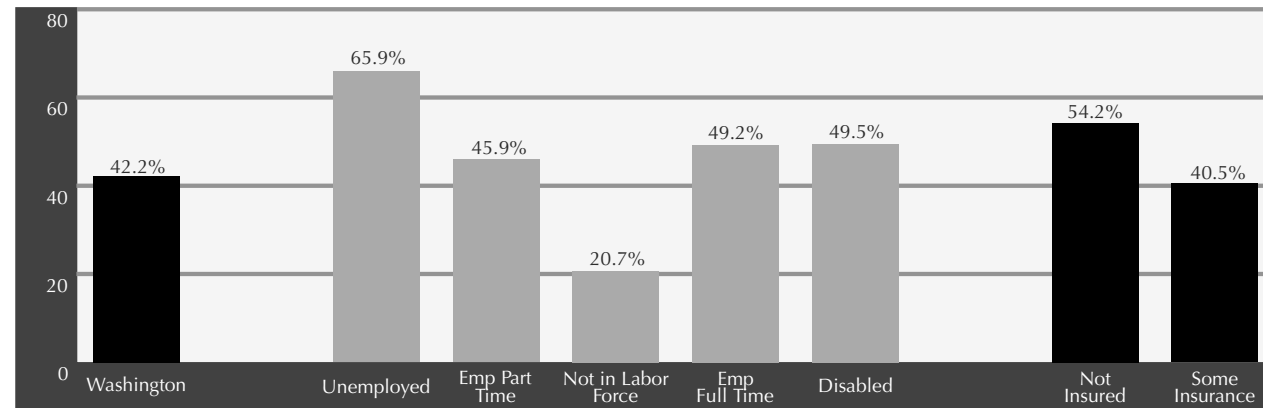
Source: *Substance Abuse, Substance Use Disorders, and Need for Treatment in Washington State: Preliminary Findings from the 2003 Washington State Needs Assessment Household Survey*. Olympia, WA: Washington State Department of Social and Health Services, Research and Data Analysis Division, May 2004.

Individuals Not in the Labor Force, and Those With Health Insurance are Less Likely to Have Used Marijuana in the Past 30 Days.



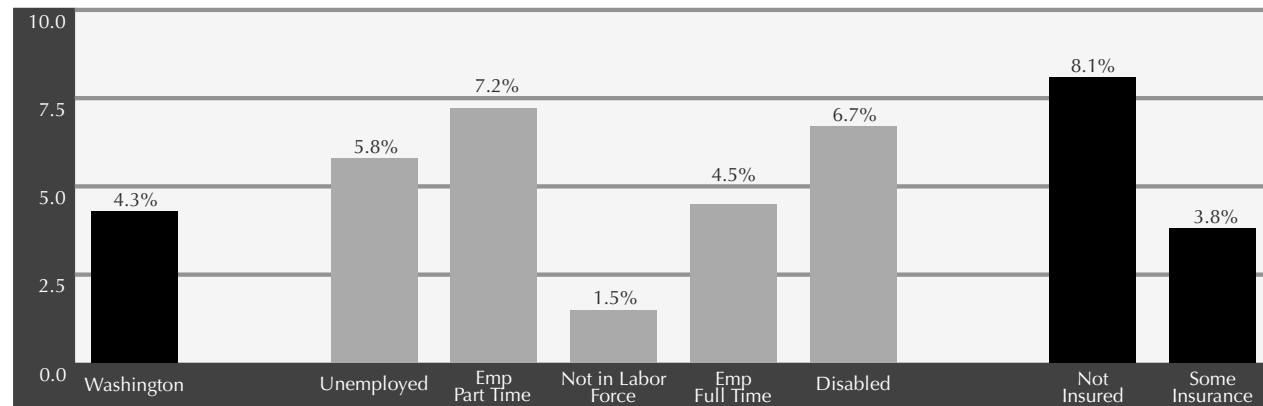
Lifetime Marijuana Use

Percent of Adults in Households

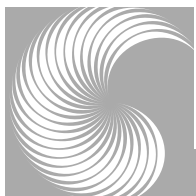


Past 30-Day Use of Marijuana

Percent of Adults in Households



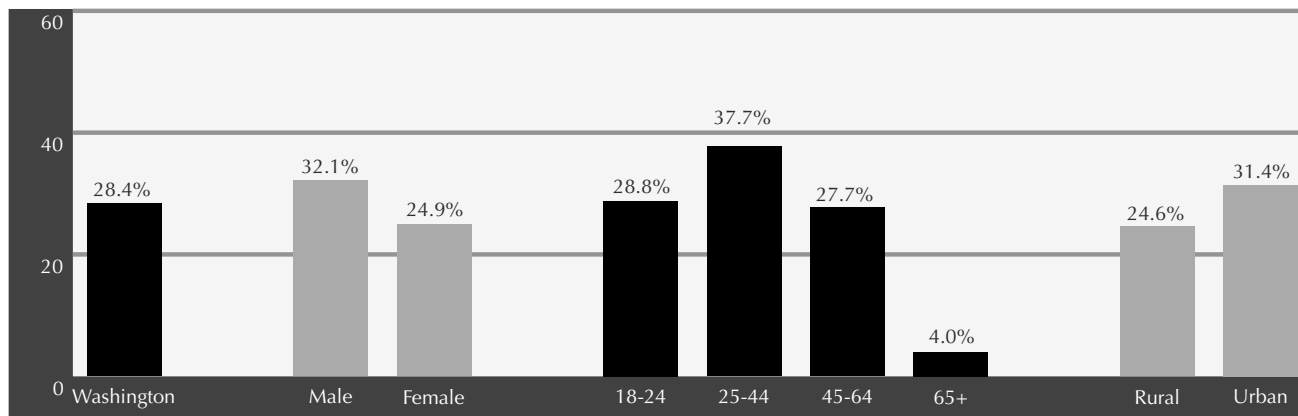
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Individuals Over Age 65 and Rural Residents Have Lower Rates of Use of Illicit Drugs Other than Marijuana.*

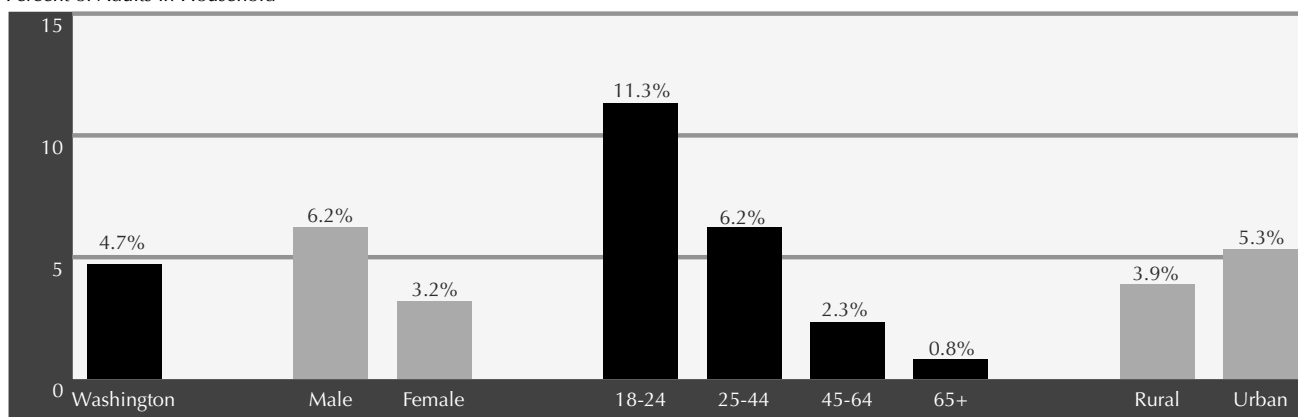
Lifetime Use of Illicit Drugs Other than Marijuana

Percent of Adults in Household



Past 12-Month Use of Illicit Drugs Other than Marijuana

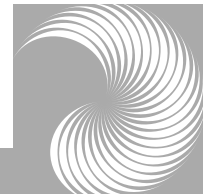
Percent of Adults in Household



Source: *Substance Abuse, Substance Use Disorders, and Need for Treatment in Washington State: Preliminary Findings from the 2003 Washington State Needs Assessment Household Survey*. Olympia, WA: Washington State Department of Social and Health Services, Research and Data Analysis Division, May 2004.

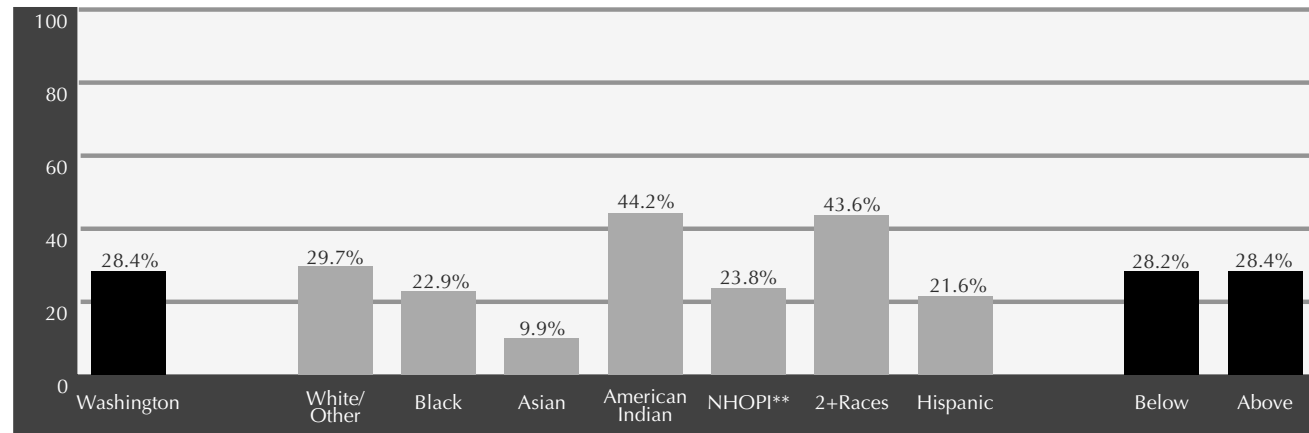
* Illicit drugs other than marijuana include cocaine, stimulants, hallucinogens, heroin, opiates, tranquilizers, sedatives, and inhalants.

American Indians and Multi-Race Individuals Have Higher Rates of Use of Illicit Drugs Other than Marijuana.*



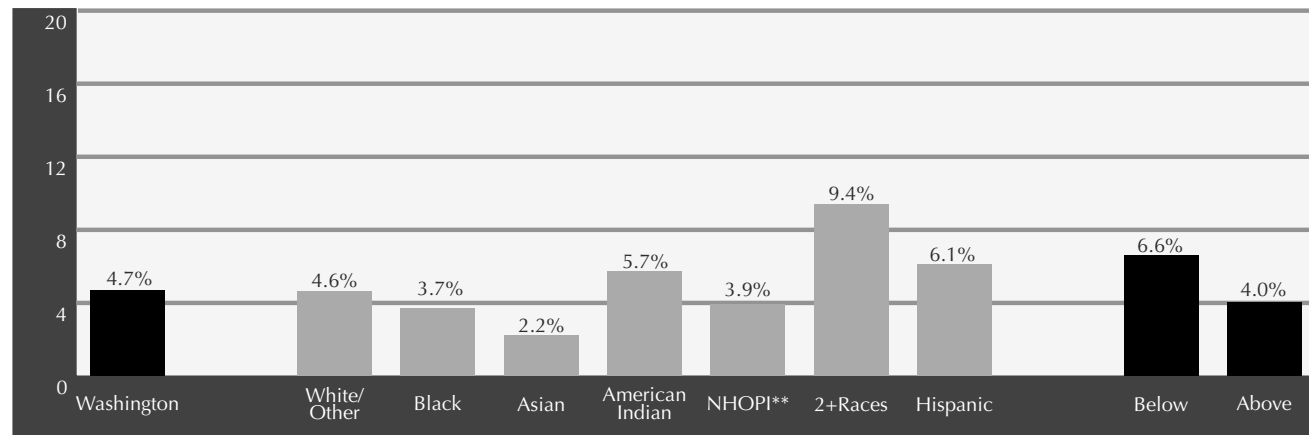
Lifetime Use of Illicit Drugs Other than Marijuana

Percent of Adults in Household



Past 12-Month Use of Illicit Drugs Other than Marijuana

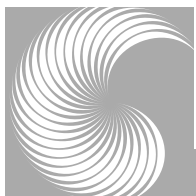
Percent of Adults in Household



**Native Hawaiian or Pacific Islander

Source: *Substance Abuse, Substance Use Disorders, and Need for Treatment in Washington State: Preliminary Findings from the 2003 Washington State Needs Assessment Household Survey*. Olympia, WA: Washington State Department of Social and Health Services, Research and Data Analysis Division, May 2004.

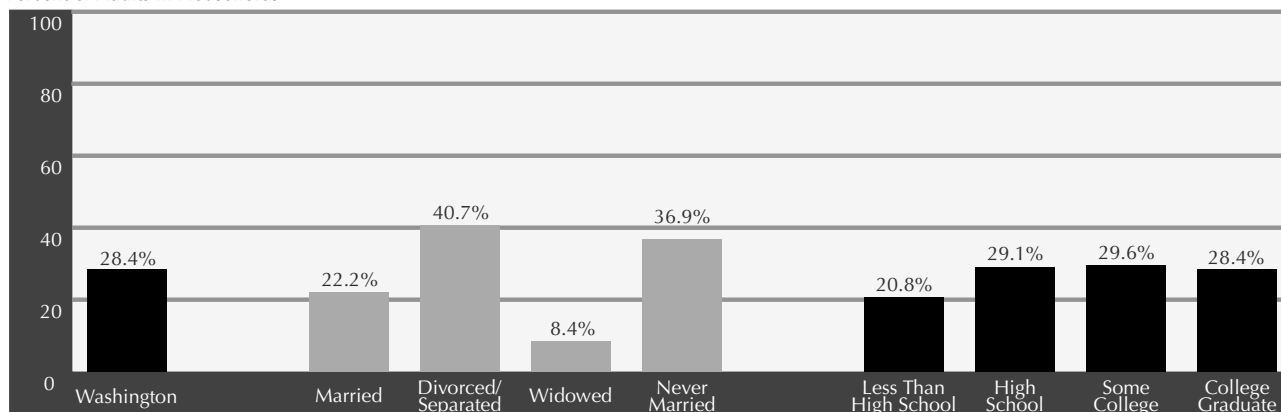
* Illicit drugs other than marijuana include cocaine, stimulants, hallucinogens, heroin, opiates, tranquilizers, sedatives, and inhalants.



Widowed Individuals and Those Who Never Graduated from High School Have Lower Rates of Use of Illicit Drugs Other than Marijuana.*

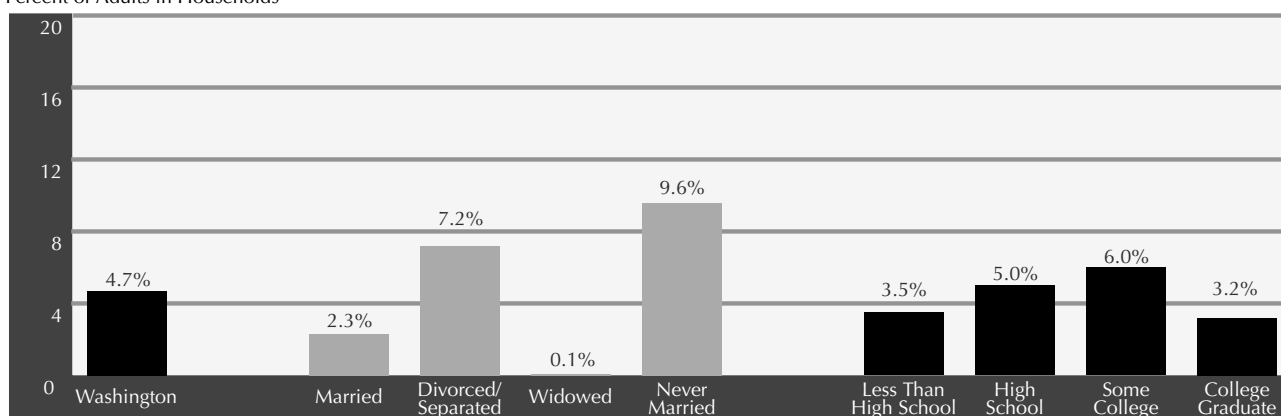
Lifetime Use of Illicit Drugs Other than Marijuana

Percent of Adults in Households



Past 12-Month Use of Illicit Drugs Other than Marijuana

Percent of Adults in Households



Source: *Substance Abuse, Substance Use Disorders, and Need for Treatment in Washington State: Preliminary Findings from the 2003 Washington State Needs Assessment Household Survey*. Olympia, WA: Washington State Department of Social and Health Services, Research and Data Analysis Division, May 2004.

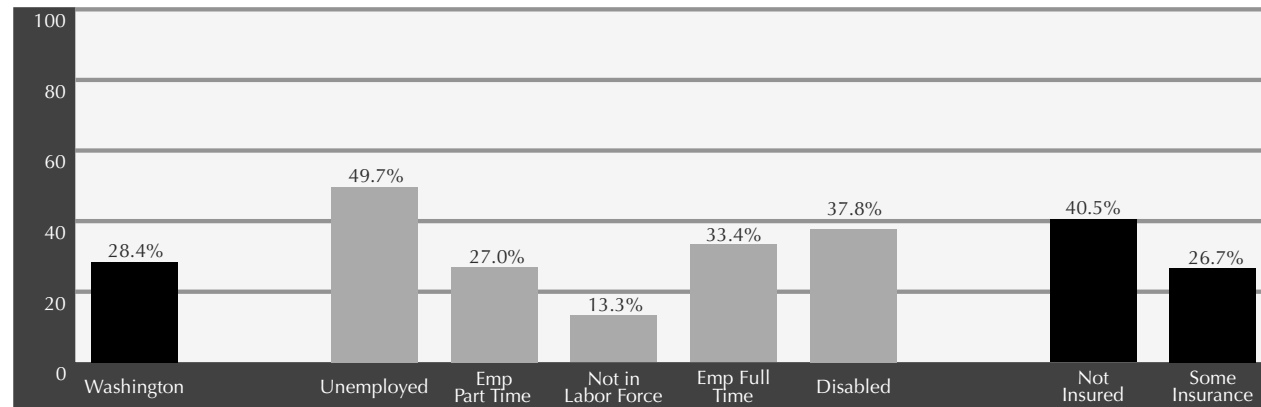
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Individuals Who are Unemployed, Disabled, and Lack Health Have Higher Rates of Use of Illicit Drugs Other than Marijuana.*



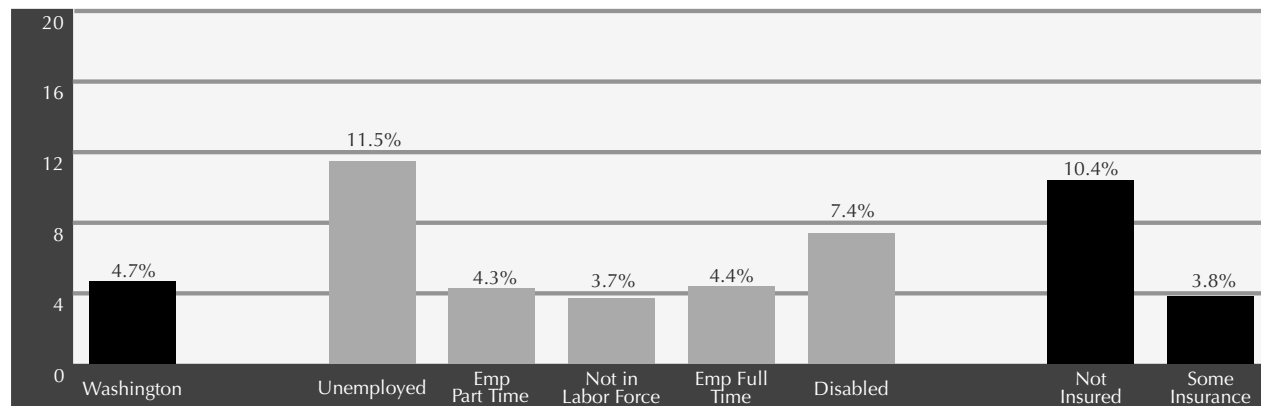
Lifetime Use of Illicit Drugs Other than Marijuana

Percent of Adults in Households



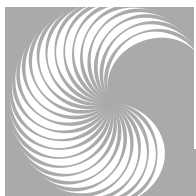
Past 12-Months Use of Illicit Drugs Other than Marijuana

Percent of Adults in Households

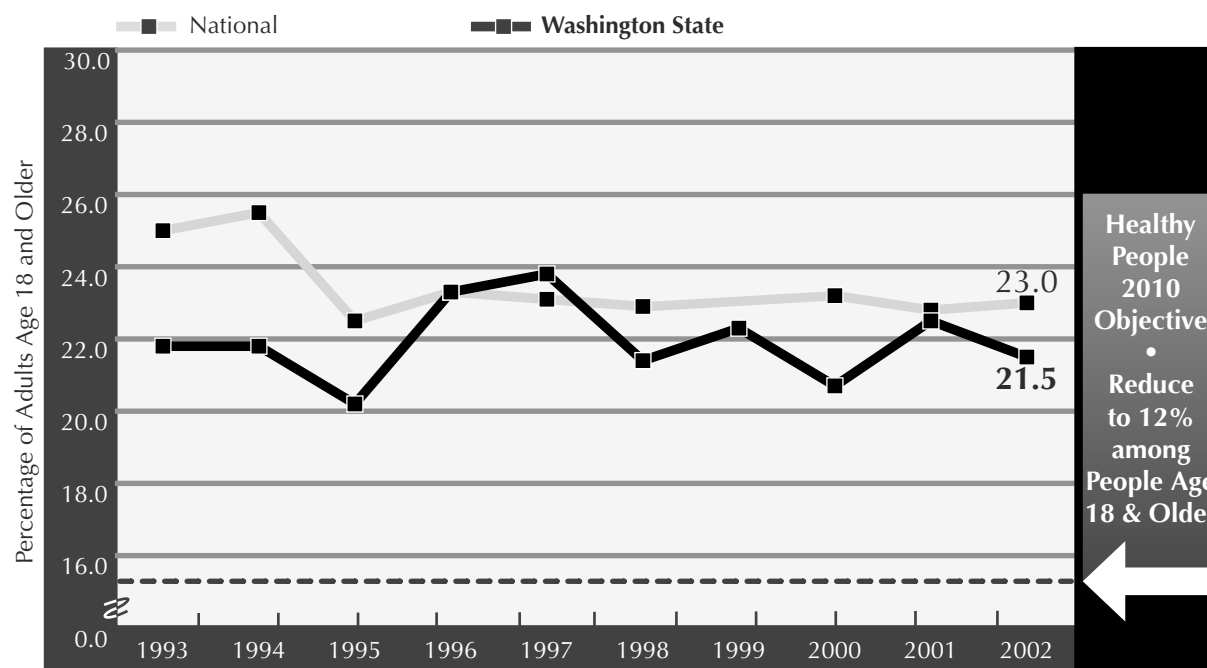


Source: *Substance Abuse, Substance Use Disorders, and Need for Treatment in Washington State: Preliminary Findings from the 2003 Washington State Needs Assessment Household Survey*. Olympia, WA: Washington State Department of Social and Health Services, Research and Data Analysis Division, May 2004.

* Illicit drugs other than marijuana include cocaine, stimulants, hallucinogens, heroin, opiates, tranquilizers, sedatives, and inhalants.



Smoking Prevalence Among Adults in Washington State Remains Virtually Unchanged from a Decade Ago.



Source: Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

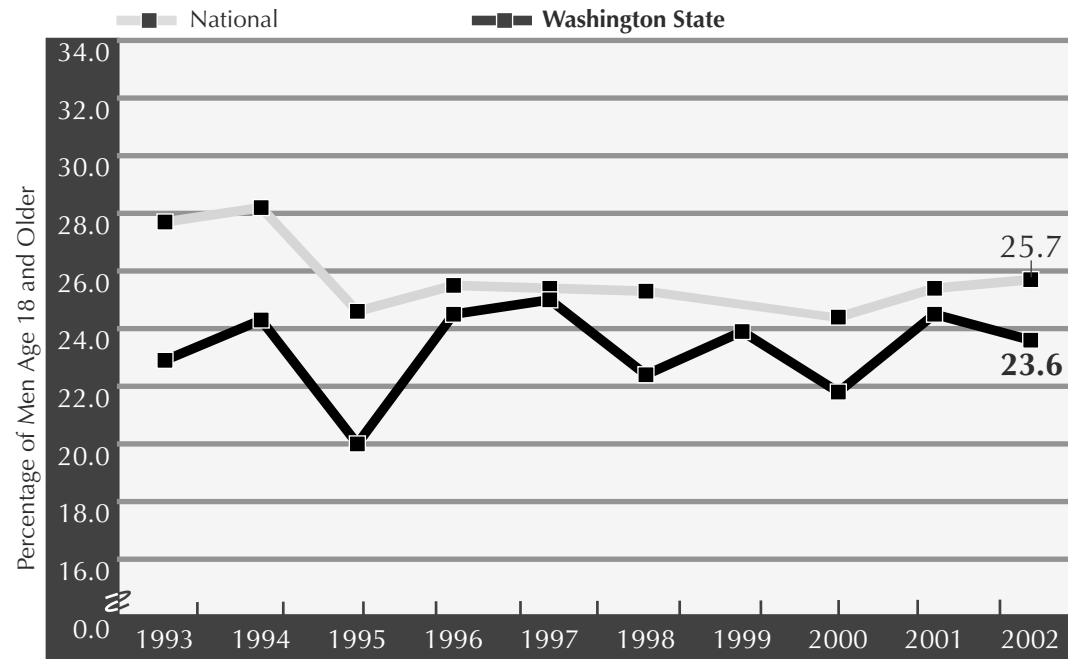
Cigarette smoking in the United States causes serious illnesses among an estimated 8.6 million Americans annually, with \$157 billion in health-related economic costs.¹ Tobacco use causes approximately 440,000 deaths each year, and since the 1964 release of the Surgeon General's Report on Smoking and Health, more than ten million Americans have died from smoking-related diseases, including heart disease, lung cancer, emphysema, and other respiratory diseases.²

Smoking rates in the United States and Washington State remain little changed from a decade ago. Despite substantial investments in tobacco prevention activities among teenagers over the past decade, smoking rates among 18-34 year olds in the United States (28.4%) and Washington (26.0%), those most exposed to these activities, are at or close to their highest points in a decade.

¹ Centers for Disease Control and Prevention, "Cigarette Smoking-Attributable Morbidity—United States, 2000," *Morbidity and Mortality Weekly Report* 2003 (52); "Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs—United States, 1995-1999," *Morbidity and Mortality Weekly Report* 2002 (51).

² Centers for Disease Control and Prevention, "Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs—United States, 1995-1999," *Morbidity and Mortality Weekly Report* 2002 (51); U.S. Department of Health and Human Services. *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta, GA: 2000.

Smoking Prevalence Among Men in Washington State is Virtually Unchanged from a Decade Ago.



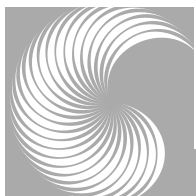
Source: Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

Smoking is closely associated with heart disease, cancer, emphysema, and other respiratory diseases. Since the release of the first Surgeon General's report on smoking and health in 1964, more than ten million Americans have died from smoking-related diseases.¹

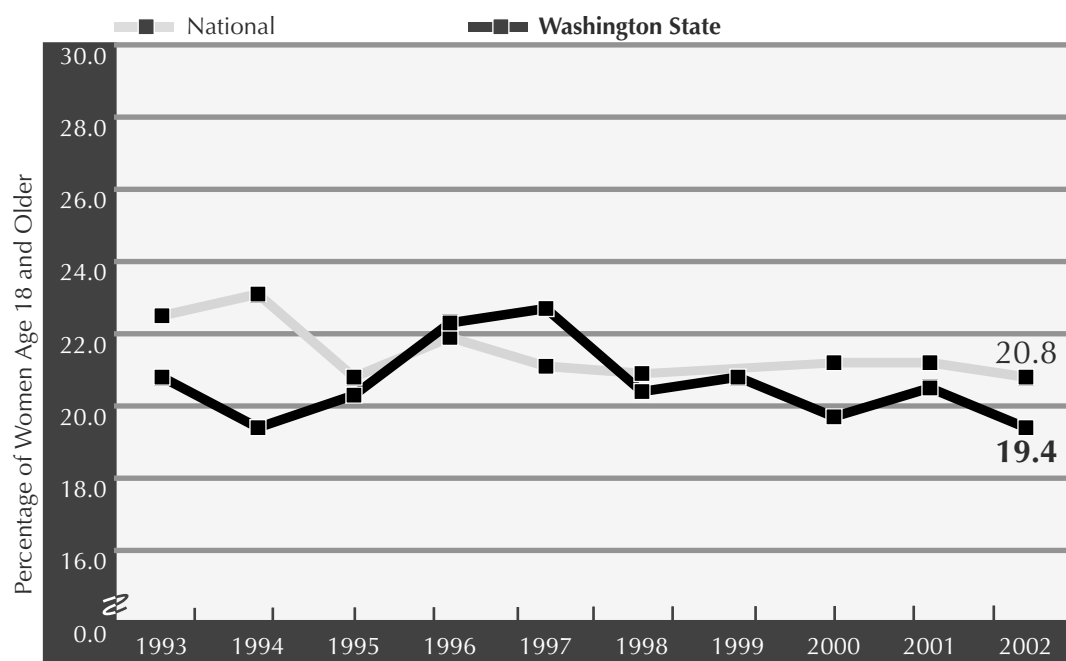
This graph indicates that smoking prevalence among Washington men is slightly lower than among men nationally, and is little changed since 1993. In 2002, some 52.7% of Washington residents who smoked daily tried to quit.² The Division of Alcohol and Substance Abuse is engaged in a new initiative to integrate tobacco cessation into substance abuse treatment activities.

¹ U.S. Department of Health and Human Services, *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta, GA: 2000.

² Centers for Disease Control and Prevention, "State-Specific Prevalence of Current Cigarette Smoking Among Adults—United States, 2002," *Morbidity and Mortality Weekly Report* 2004 (52).



Smoking Prevalence Among Women in Washington State is Little Changed from a Decade Ago.



Source: Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

Besides being linked with heart disease, cancer, emphysema, and other respiratory diseases¹, evidence is accumulating that maternal tobacco use is associated with mental retardation and birth defects such as oral clefts², and with Sudden Infant Death Syndrome.³ More than ten million Americans have died from smoking-related diseases since the Surgeon General released the first report on smoking and health in 1964.⁴

This graph indicates that smoking prevalence among Washington women is slightly lower than among women nationally, and is little changed since 1993. The Division of Alcohol and Substance Abuse is engaged in a new initiative to integrate tobacco cessation into substance abuse treatment activities.

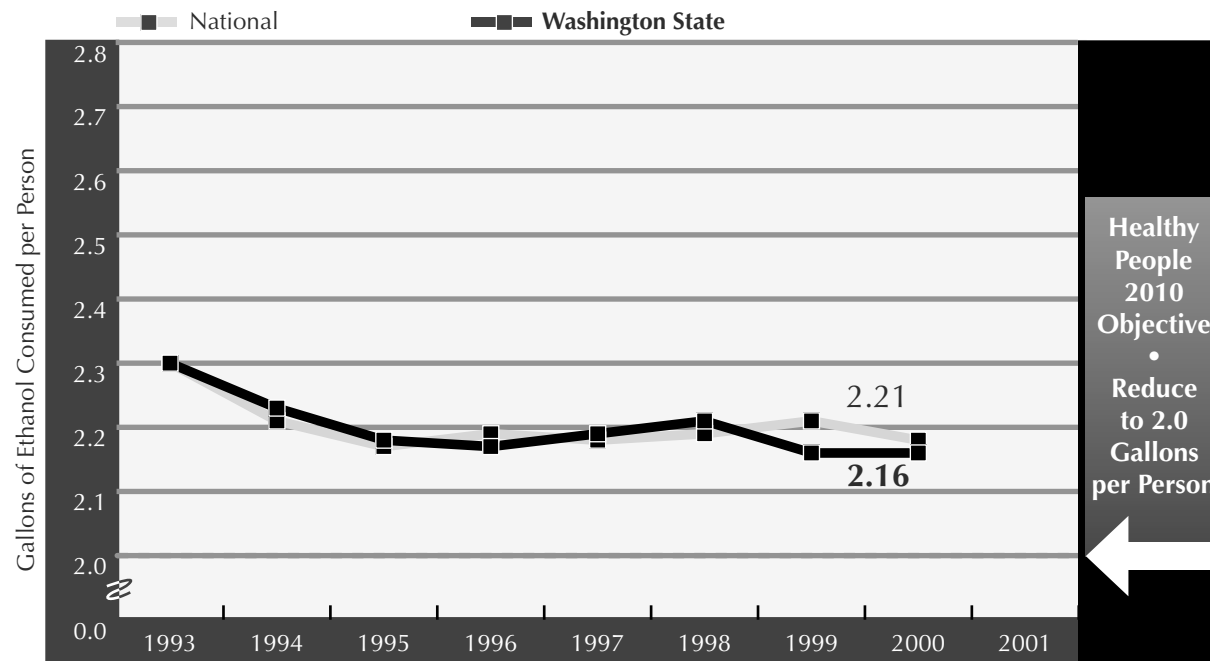
¹ U.S. Department of Health and Human Services, *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta, GA: 2000.

² U.S. Department of Health and Human Services, *Healthy People 2010* (Conference Edition), 27-3. Washington, DC: 2000.

³ Klonoff-Cohen, H. et al., "Effect of Passive Smoking and Tobacco Exposure Through Breast Milk on Sudden Infant Death Syndrome," *Journal of the American Medical Association*, March 8, 1995.

⁴ *Reducing Tobacco Use*, op. cit.

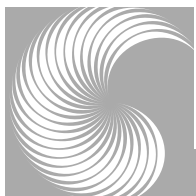
Per Capita Alcohol Consumption in Washington State is Similar to That of the Rest of the Nation.



Source: National Institute on Alcohol Abuse and Alcoholism, *Apparent Per Capita Alcohol Consumption: National, State, and Regional Trends, 1977-2000*.

State and national per capita consumption of alcohol (for all persons over age 14) has remained constant over the past seven years, after falling for more than a decade. Per capita consumption is approaching the *Healthy People 2010* target objective. However, in 2002, almost one in five Washington 8th graders reported having used alcohol in the past 30 days¹, binge drinking is on the rise, and chronic drinking rates among adults are at their highest point in a decade.

¹ Office of Superintendent of Public Instruction, *Washington State Survey of Adolescent Health Behaviors—2002*. Olympia, WA: 2003.



Adult Binge Drinking is on the Rise Both Nationally and in Washington State.



Source: Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

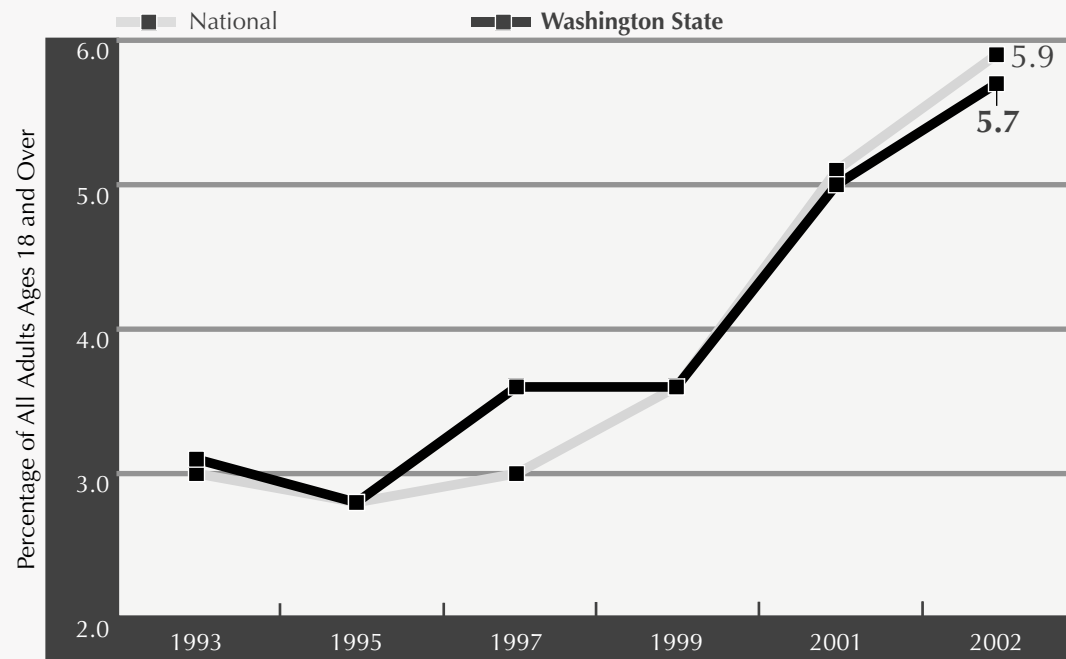
Binge drinking (defined as having five or more alcoholic drinks at one occasion, one or more times in the past month) is a particularly dangerous form of alcohol consumption, and is associated with traffic fatalities, accidents, drownings, emergency department admissions, and alcoholism. Binge drinking rates among college students (44% in 2001) are more than twice the rate for all adults¹, and is associated with increased incidence of unplanned and unprotected sex, alcohol-related sexual assaults, and date rape.²

After falling substantially for the previous decade, binge drinking in Washington State has been rising since 1995.

¹ Wechsler, H. et al., "Trends in College Binge Drinking During a Period of Increased Prevention Efforts: Findings from Four Harvard School of Public Health Study Surveys, 1993-2001," *Journal of American College Health* 50(5), 2002.

² Taskforce on College Drinking, National Advisory Council on Alcohol Abuse and Alcoholism, *A Call to Action: Changing the Culture of Drinking at U.S. Colleges*. Bethesda, MD: U.S. Department of Health and Human Services, National Institute on Alcohol Abuse and Alcoholism, 2002.

Chronic Drinking Rates Among Washington State Adults are at Their Highest Point in More than a Decade.



Source: Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

Chronic drinking (defined as having had an average of two or more drinks per day per month) is associated with alcohol-related problems, as it may impair mental performance and physical coordination. It may also lead to alcohol dependency.¹

Chronic drinking among Washington State adults appears to be on the rise, is at its highest point in more than a decade, and is 83.8% higher than in 1993.